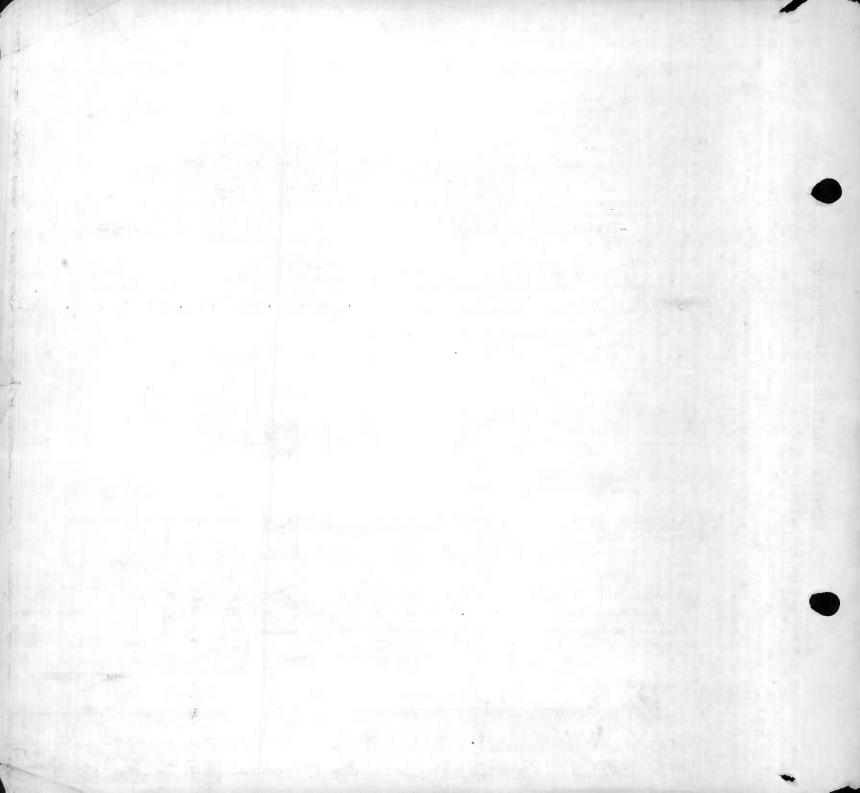
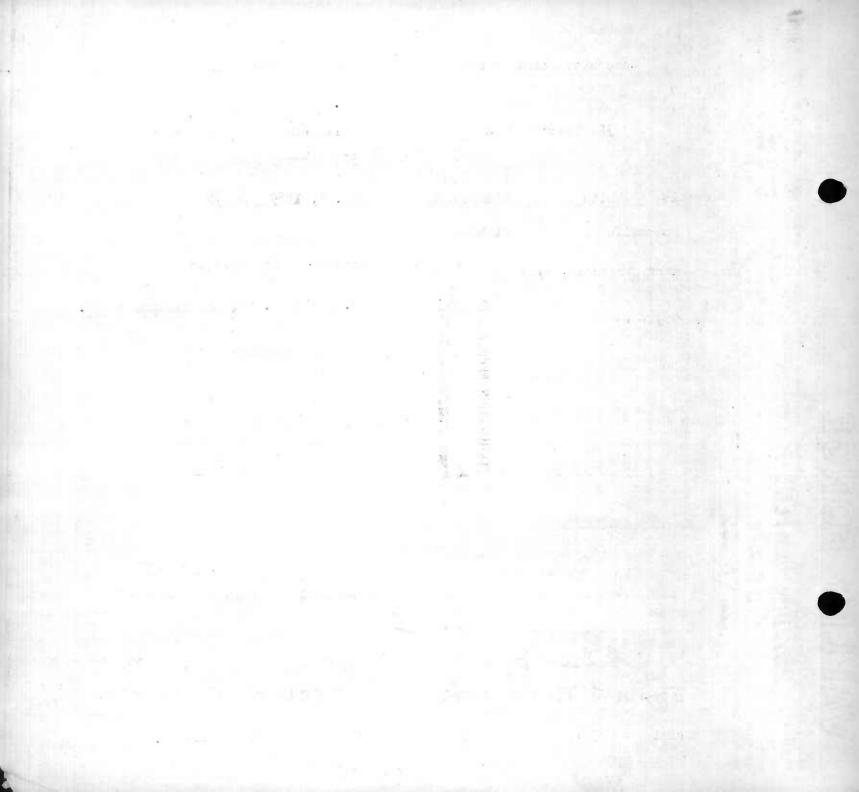
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



			BALTIMORE CIT	HEALTH DEPARTMEN		65 2502
BIRTH NO.	65 250	12	CERTIFICA	TE OF DEATH	Registered Na.	10 4000
M.E. CASE NO	•				AND HOUR OF DEATH	
Type or Print)	Edith Dil	li		-3-114	3-7-65	2:201 AM
PLACE OF	DEATH IN BALTIMORE, MAR			4. USUAL RESIDENCE (	Where deceased lived. II in	astitution: residence belore admissi
FULL NAME	OF (If not in hospital a		, give street	Md.	Baltimo	re
INSTITUTION						RURAL ond give township)
3	Johns Hopkins	s Hos	pital	D. STREET ADDRESS	(If rurol, give locotion)	0 1-13
				705 Gilm		
f. SEX	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	5-25-00	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
	CCUPATION (Give kind of work) of working file, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	1000			14 4407115775 4441051	NAME	USA
3. FATHER'S N				14. MOTHER'S MAIDEN		
	orge L. Goods				ah Cross	
5. Was Deceas Yes, no or unkno	sed Ever in U. S. Armed Forc wn) (II yes, give wor or dotes	es? s of service	SECURITY NO.	17. INFORMANT		ADDRESS
18 // 4	no		CALISE	AR sheet		INTERVAL BETWEEN
18. 4 kg	EASE OR CONDITION DIRE	ECTIV	CAUSE	A DEATH		ONSET AND DEATH
DISE	LEADING TO DEATH	ECILI	(A) C1	harachnoid	hemorrhage	2
	s naf mean the mode of		DUE TO	barachnoid with rebl	eeding	0 = 000 DD
	re, asthenia, etc. It means camplication which caused		е,			
	ANTECEDENT CAUSES		(B)	hypertensio	n and ASCVD	years
DISEASES	OR CONDITIONS, if a	ny, givin	DUE TO			
rise la	the abave couse (A)		-	MAA WEE HE HE HE HO OO OH HE HO OOO OO OO OO OO OO OO OO	••••••••••••••••••••••••••••••••••••••	······································
UNDEKLY	ING CONDITION last.					
E TO THE	SNIFICANT CONDITIONS CO	TED TO 1				
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	No) 208. IF YES, WERE	
19A. DATE	WAS PERF			no	IN CERTIFYING CA	
OR CONTR	DENT WAS UNDERLYING CAUSE OF Diffy medical examines	2'ho	18. PLACE OF INJURY (e.g., ome, form, foctory, street, ctc.)	in or obout 21 C. WHERE DI	D (If in Boltimor	e City, give exoct locotion)
D 21 D. TIME	(Month) (Doy) (Year)		IE. INJURY OCCURRED	215 HOW 515	INJURY OCCUR?	
S OF INJURY			While At The Not Whi		INJURY OCCUR!	
(APPROX.)		٧	Vork At Work			
22. I certi	ify that (1) (this haspital)	attended	the deceased from	<b>-5-</b> 65	19103	-7-65 19
that (I) (w	ve) lost sow the deceased	d alive an	3-7-65		d that in (my) (aur) api	inlan death accurred an the
	and fram the causes state					
23A. SION A	A	-3 -30 -00	( () ()		v 😲	238. DATE SIGNED
1	I A I V	11.	M.D. At	ending Med.	Stoff Phys.	3-7-65
23.6-247411	Janu 1	1 jans	Ph	ys. Director L	Thys.	) 1 0)
23 G. PHTSITI	Joseph Ma	arr	M.D.		opkins Hosp	ital
ZAA. BURIAL C	REMATION, 241. DATE	24C.	NAME of CEMETERY or CI	REMATORY 24	D. LOCATION (C	ity, town, or county) (Stol
	- 11.	, ,	anda Conseil Cons		Working	
Bur.	ial 3/11/65	208. NAME	ock Creek Cemt	25C. FUNERAL DIREC	Washington, D	ADDRESSA
MAR 8	1965 (Res	8,40	WeyPhill	W.R. Tran	UKS NEWAY DOG	1-143/1000 D
/S 150-REV. 1/	/1/45		6 5 6 7	0 5 0	17.000	1 . Junior water 10
2 130-KEA. IV	/1/03					

M.E. CASE NO.						
NAME OF DECI	EASED			2. DATE A	ND HOUR OF DEAT	H
Type of Fills	Josephine S	tone Bro	ooks	Mar	ch 1 1965	
. PLACE OF DEA	ATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If	institution: residence before admission
FULL NAME O	F (If not in hospita	al or institution	Olve sheet			27-11
HOSPITAL OR	address or locati	ion)	give sheet	C. CITY OR TOWN (If o	utside city limits, write	e RURAL and give township)
	327 Tusc	any Road		Baltimore		
)	JE 1 2450	any noac			frural, give location)	
				327 Tuscany	Road	
. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Famala	Table 2 A L		D, DIVORCED (specify)	A	lost birthdoy)	Months Doys Hours Min.
			PRUSINESS OR INDUSTRY	11. BIRTAPLACE (STOTE OF FOR	eign country)	12. CITIZEN OF
	working life, even if retired)					WHAT COUNTRY?
House 3. FATHER'S NAM	ewife	At	home	14 MACTHERS MANDEN NO		
20 LWILLERS HAW	716			14. MOTHER'S MAIDEN NA		
Harry	Prescott Si	tone	1	Josephine Mary	Boucher	
5. Was Deceased (es, no or unknown)	Prescott Si Ever in U. S. Armed Folliff yes, give wor or do	orces?	16. SOCIAL	17. INFORMANT		ADDRESS
,	No.		1 5 4	Mm Indian D	Describe 207	161 1 22
18.426	1-1		CAUSE O	Mr. Lucien B.	prooks (05	Murdock Rd. INTERVAL BETWEEN
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DISEAS	LEADING TO DEATH	H	S 4 5 0	man lula a		3 20000
(This does n	ol mean the mode o	of dying, e.g.	DUE TO	77000	<u> </u>	3 2223
neon lonure,	ol mean the mode a asthenia, etc. It mean plication which cause	is the disease	21-12			
			W MILLY			
			15 (B)		4	
DISEASES	ANTECEDENT CAUSE	1	DUE TO	<b>20000000</b> 00000000000000000000000000000	0.	
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rise to the	OR CONDITIONS, if s obove couse (A) G CONDITION lost.	ony, giving ) sloling lhe	5 (c) lone	estine Corder	e Guilen	32000
rise to the UNDERLYING	OR CONDITIONS, if s obove couse (A) G CONDITION lost.	ony, giving ) sloling lhe	5 (c) lone	obline leveles	e Julius	32000
o o the signif	OR CONDITIONS, if s obove couse (A) G CONDITION lost.	ony, giving ) sloling lhe  CONTRIBUTIN LATED TO TE	(c) long	of Glarace	e Guilens (12)	32longs
o o the signif	PR CONDITIONS, if a obove couse (A) CONDITION lost.  FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO	ony, giving ) sloting the  CONTRIBUTIN LATED TO TE  IT.	5 (c) lone	estime leveles  et lemerer  ef Glaracie  ODA. AUTOPSY? (Yes or N		5 weeks.
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other signiful to the Disease or 19A. Date of 21A. ACCIDEN OR CONTRIBUDEATH (notify 12D. TIME OF INJURY (APPROX.)	PR CONDITIONS, if sobove couse (Al CONDITION IOSI.  FICANT CONDITION SEATH BUT NOT REICONDITION CAUSING OPERATION 198. COWAS PENT WAS UNDERLYING (TING) CAUSE OF medicol exominer)  (Month) (Doy) (Yeor that (I) (this hospital	Ony, giving ony, giving ony, giving ony, giving one on the one of	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, factory, street, one)  Colored  Not While At Work  The deceased from	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING CO	CAUSES OF DEATH?  OTE City, give exoct locotion)  Plant  Other
other signiful to the Disease or 19A. Date of 21A. ACCIDEN OR CONTRIBUDEATH (notify 12D. TIME OF INJURY (APPROX.)	PR CONDITIONS, if so obove couse (A) CONDITION loss.  FICANT CONDITION SEATH BUT NOT REICONDITION CAUSING OPERATION 198. COWAS PENT WAS UNDERLYING (TING) CAUSE OF medicol exominer)  (Month) (Doy) (Yeor	Ony, giving ony, giving ony, giving ony, giving one on the one of	WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, form, factory, street, one)  Colored  Not While At Work  The deceased from	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING CO	CAUSES OF DEATH?  OTE City, give exoct locotion)  Plant  Other
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2504

BIRTH NO.

M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

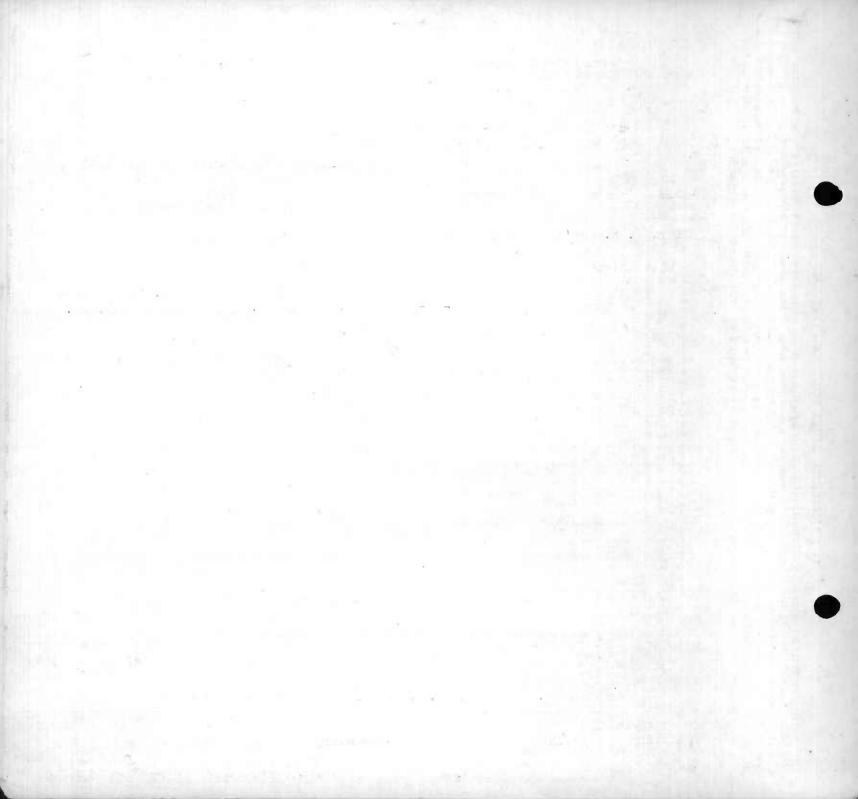
Registered No

If Under 24 Hrs.

Hours

INTERVAL BETWEEN ONSET AND DEATH

accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermint a hospital (except where the physician who pronounced death was in regu



cause

contributin

eath

D

assistant

hospital

he body

Y HEALTH DEPARTMENT BALTIMO! Registered No.65 CERTIFICATE OF DEATH BIRTH NO. of death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3-7-65 JOHN P. ALLS 6:00 LO death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE B. COUNTY MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (IF (If outside city limits, write RURAL and give township) canse; attend D. STREET ADDRESS (If rurol, give location) JOHNS HOPKINS HOSPITAL 213 N. CASTLE ST. (4) Undetermined regular 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX 6. RACE If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy Hours 3-11-92 72
11. BIRTHPLACE (Stote or foreign country) MALE WHITE MARRIED

10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) = Retired Balto. Md. Clothing Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the MARY FREEDE JOHN ALLS LO eath 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dates of service) nce 217-01-4249 Mrs. Eva M. Alls 213 N. Castle St. WW1 31 Yes any attenda CAUSE OF DEATH INTERVAL BETWEEN pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med novoscular acciden LEADING TO DEATH (This does not mean the mode of dying, e.g., 0 ular hearl failure, asthenia, etc. Il means the disease, mbe injury or camplication which coused deoth.) ANTECEDENT CAUSES 0 0 DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. remains hysicia MOS 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE G DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) ū where home, form, foctory, street, office bldg., INJURY OCCUR? °Z MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) Work Al Work 22. I certify that (1) (this hospital) attended the deceased fram. MM 19 that (1) (we) last saw the deceased alive an and that in (my) (out) apinion death accurred on the date eath) hospital and haur and from the causes stated/abave. (1) (We) (did) (did hat) view the bady after death. An accident 23 B. DATE SIGNED 23A. SIGNATURE ਰ Attending Med. M.D. 10 Director pproval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased o REMOVAL (Specily) rld. Balto Holy Redeemer Cem Mar11/65 Burial ä Was FUMERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV, 1/1/65

24/100 211112 core and tra-3(= 7 7

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

WHAT COUNTRY?

Boulevard

21215

INTERVAL BETWEEN

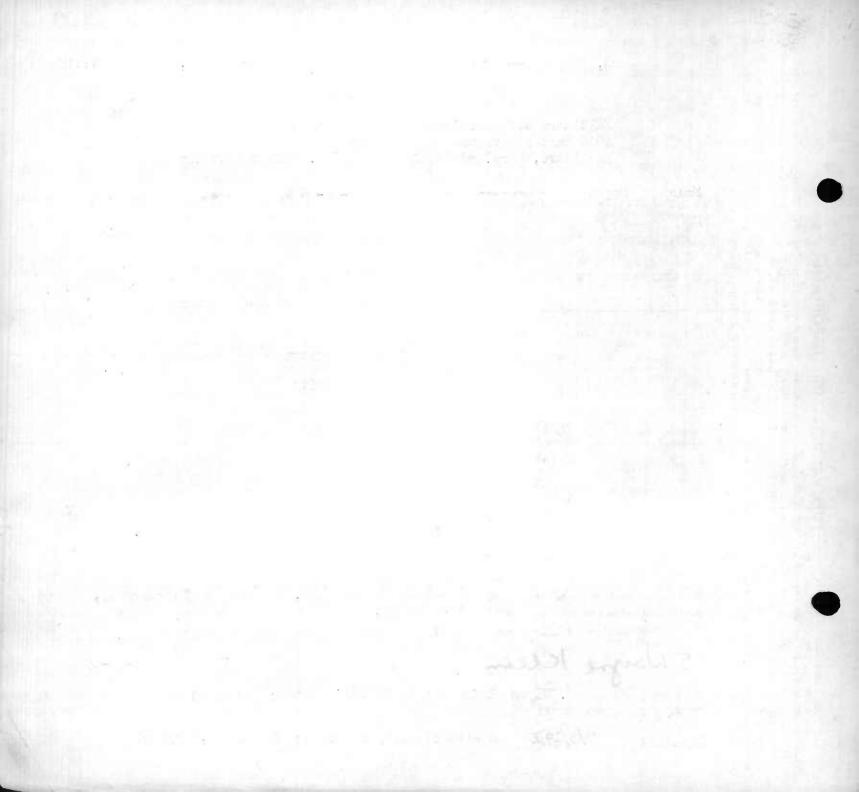
ONSEX AND DEATH

2776-183/cee	BALTIMORE CITY HEALTH DEPARTMENT  BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	5 2507
	1. NAME OF DECEASED (Type or Print)  CARL PAULLEY (F.)  2. Date and hour pronounced dead March 6, 1965	7:27 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  ADDRESS OR LOCATION)  IN TAGONO 11	I Co.
43	SOUTH BALTIMORE GENERAL HOSPITAL  N. Tazewell  D. STREET ADDRESS (If TOLTOID, give locotion)  Route 1 - Box 184-N RFD	
	S. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years lost birthdoy)   Male   White   Widowed   May 14,1908   56    10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   Ret. Coal Miner   Coal Mining   Bland County, Va.   US	COUNTRY?
	John Paulley  13. FATHER'S NAME Nanny Wattle	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  NO  16. SOCIAL SECURITY NO.  17. INFORMANT Carl S. Paulley ADDRESS 10.29 Church St Baltimore Md	(Son) 21225
		INTERVAL BETWEEN ONSET AND DEATH
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C	
	DISEASE OR CONDITION CAUSING IT.  1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CO. WAS PERFORMED  2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CO. WAS PERFORMED	ON SIDERED
	Yes  Yes  Yes  Yes  Yes  Value External Cause was Underlying or contribution of form, foctory, street, office bidg., Injury occur?	
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK	
	22.	DATE SIGNED 3-6-65
	23A. BURIAL CREMATION, 23B. DATE Wed., REMOVAL (Specify)  Burial  March 10 65  Cedar Hill Cemetery  Brooklyn A A Co., 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24A. DATE REC'D BY HEALTH DEPT. 24B. DATE	
	MAR 8 1965 PAR NAME OF REGISTEAR LINE SUFFICIENT DIRECTOR CURTIS E. EVANS 1400 S Charles St Baltimor	

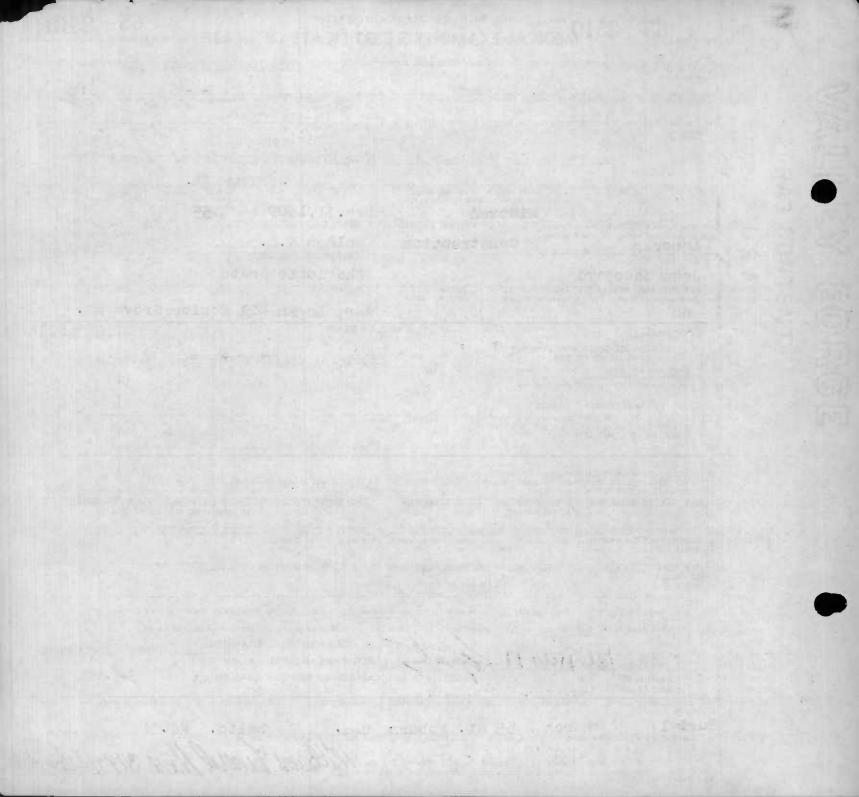
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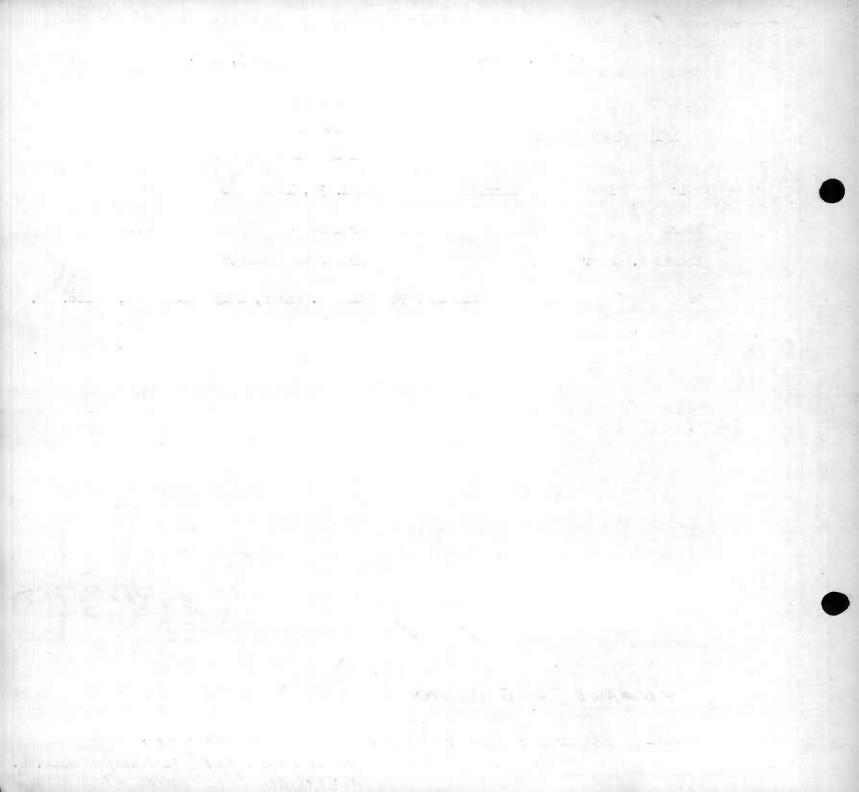


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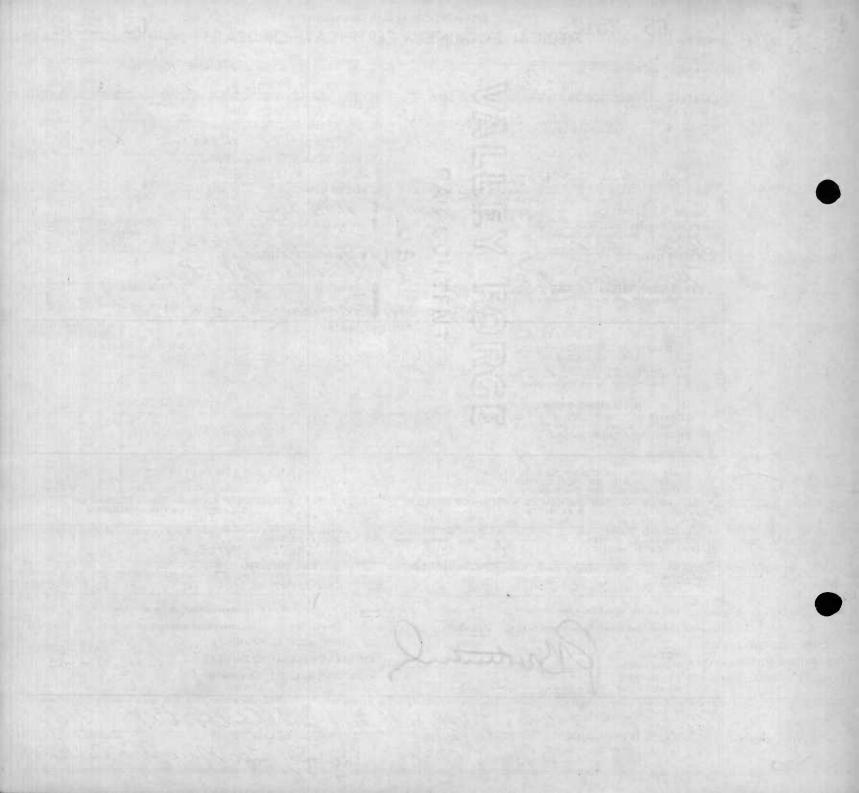
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	- 7	9 9	L		
	÷ 7	nt of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	6	+	
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TOINERAL DIRECTOR. IMPORTANT	-		no	0	-
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hocking by a medical examiner. Also, if the disease of contributing and death of the hocking of death occurred.	hows: (1) An accider	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su	written approval must be obtained before the remains are embalmed or final disposition is made.
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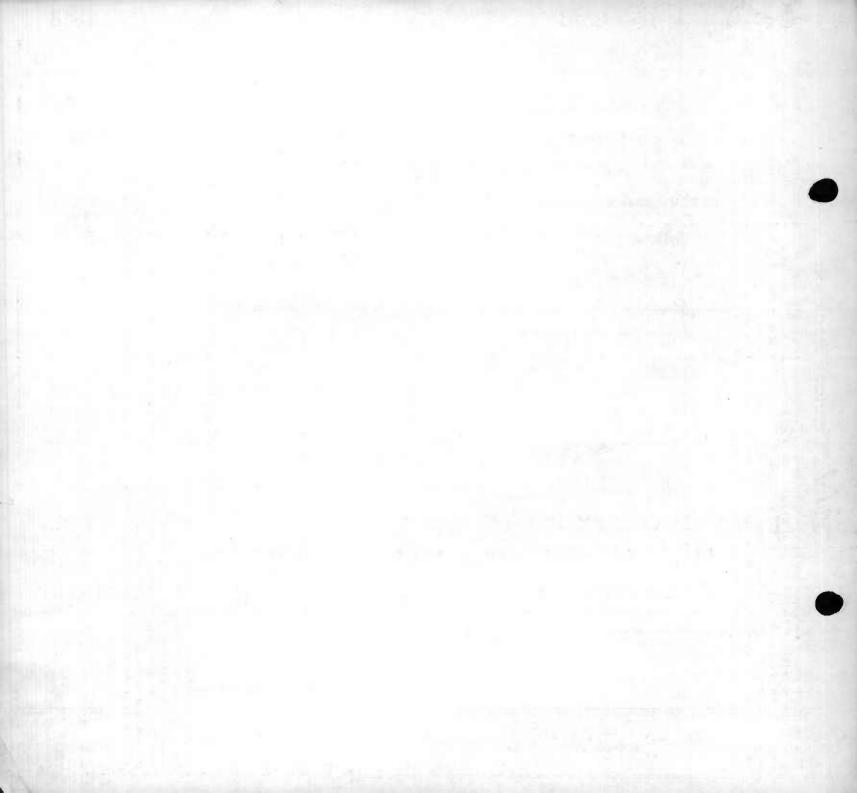
			BALTIMORE CITY	Y HEALTH DEPARTMENT		65 9544
BIRTH NO. 65	2511		CERTIFICA	TE OF DEATH	Registered Na.	65 2511
M.E. CASE NO.	NOLL			2. DATE AN	ID HOUR OF DEATH	
Type ar Print)	JOHN T	ENSO	R	March	3, 1965	1:00 p
PLACE OF DEATH IN	BALTIMORE, MARY	LAND		4. USUAL RESIDENCE (When	re deceased lived. If in	stitutian: residence before admiss
	ll nat in haspital ar address ar lacation)	institution,	give street	Maryla nd	/	RURAL ond give fawnship)
	d =			Baltimore		
TOTO MET	don Avenue				rural, give location)	
				1315 Weldon A		
	ite	Marr		Sept. 30, 1878	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours Mi
OA, USUAL OCCUPATION  and during mast of working I		OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	gn country)	12. CITIZEN OF WHAT COUNTRY?
Guard				Maryland		USA
3. FATHER'S NAME				14. MOTHERS MAIDEN NA	ME	1
Thomas K. E	nsor			Sarah Jane Baub	litz	
5. Was Deceased Ever in (es, no ar unknown) (If yes,	U. S. Armed Force	s?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	give war or dates	oi service/	216 10 9794	Lelia G. Ensor.	1315 Weldo	n Ave, Balto. Md
1B. H 20.1	1			F DEATH		INTERVAL BETWEEN
700	CONDITION DIRE	CTLY				ONSET AND DEATH
	NG TO DEATH		(A) Q	cute myocan	tial Inc	3 Hva
(This does not meo			DUE TO	0		
injury or complication			_	- 'C x -	4 9	70
ANTECE	DENT CAUSES		(B) DUE TO	or complete Co	monay M	lay.
DISEASES OR CO	NDITIONS, if on	ny, giving	DUE 10			
rise to the obov	e couse (A) s		(C)		9 are no reven a canada est a regaçõe 200 a 200	
GINDERLIING CON	DITION 10SI,					
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT	BUT NOT RELATI	ED TO TH				
19A. DATE OF OPERA		TION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes at Na	20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING	CAUSE OF	21 B. hom etc.)	e. form, foctory, street, o	n ar obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct location)
	(Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi	le At Not Whi			
22. I certify that (I	(this beadal)				19 6 5 to	3/3 10/
						3/3 19.6
					at in (my) (Fur) apl	nian death accurred an the
	he causes state	d above. (I	) (%6) (did) (did hot)	view the bady after death.	100	Dan Barr ele
23A. SIGNATURE	0/	910	M. M.D. AH	ending Med.	Staff	3 / J/6
color	and h.	16	Att Phy	s. Director	Phys.	10/01
23C. PHYSICIAN'S NAME (Type) EDW/	ARD L	. GL	ASSUAN M.D.	23D. ADDRESS 403 7 Fal	Os Rd.	
4A. BURIAL CREMATION REMOVAL (Specify)	1. 248. DATE	24C. NA	ME of CEMETERY or CR	EMATORY 24D. L	OCATION (C	ity, tawn, or county) (Sto
	6 35	(e -	0 0	. P-7	timore Com	ty Manueland
Burial 25A. DATE REC'D BY HEA	6 Mar 19	58. NAME C	ne Grove Ceme	25C. FUNERAL DIRECTOR	timore Coun	ADDRESS
MAD	8 1985	P.O.A.	TE Janey M.A.	Burges Funera	2 -4/1/6/27	F. 11/s Rd Balto.
/S 150-REV. 1/1/65	0 1300	NIPOUN.		1000////////	1/	



MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No
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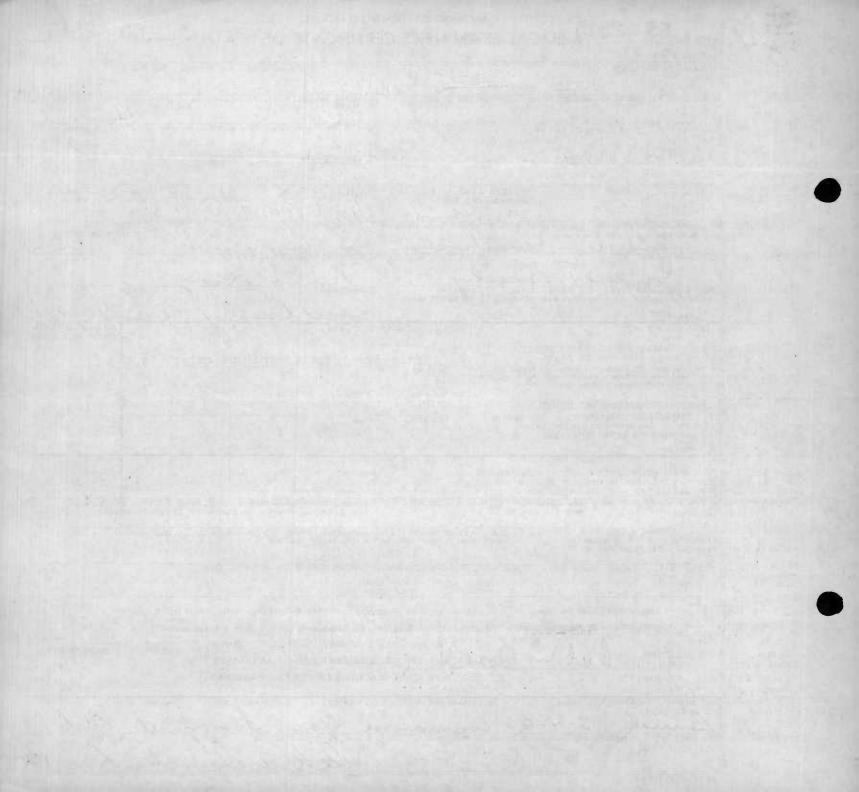
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) DAVID RAY	March 3, 1965   1:20 p M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE Maryland B. COUNTY 5
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITT OK IOWN (It outside corporate limits, write KOKAL and give township)
OSPITAL OR ADDRESS OR LOCATION)	Baltimore MIDDLE RIVER
	D. STREET ADDRESS (If rurel, give location)
Rollimore City II11-3	
Baltimore City Hospital	31 Logeron= Road   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	
male white NEVER MARK	PIED 11/5/44 20
OA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired.	antland Onegon, It of
3. BATHER'S NAME	14. MOTHER'S MAIDEN NAME
9/2 ( 02.1	Freda ( Lyston)
5. WAS DECEASED EVER IN U.S. ARMED FORCEST 16, SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
817-40-3	3901 Sarento (Same as active)
18.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Cr	canio-cerebral injuries
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	N   20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes Testing Causes of Death?
21A, EXTERNAL CAUSE WAS 218, PLACE OF INJURY	
	(e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
Street	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU OF INJURY	JRRED 21F. HOW DID INJURY OCCUR?
(APPROX.) 3 3 65 12:44a m. WHILE AT WORK	NOT WHILE X Driver of auto in fixed-object accid
22.	
I certify that I held an Inquiry Inspection	Autopsy X ond that on this bosis, death in my apinion
resulted from: Natural couses Accident X	Suicide Homicide Undetermined monner
1/11	CHIEF MEDICAL EXAMINER
ACTUAL STATES	DATE SIGNED
SIGNATURE	ASSOCIATE MEDICAL EXAMINER 3-3-65
Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER
	ETERY or CREMATORY 23D. LOCATION (City, Jown, or county) (Stote)
PEAAOVAL (Specify)	1199 1 Bul 1. and
Burial 3-6-65 Wolly H	ell ofen, Dar, Salto, Co, Ma.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	/ 24C. FUNERAL DIRECTOR ADDRESS
MAR 8 1965 Rolab Extarle	WHIN Countly 300 Mace ave, Balto, 2
	A OF STATE OF THE
/S 151-REV. 1/1/65	God /





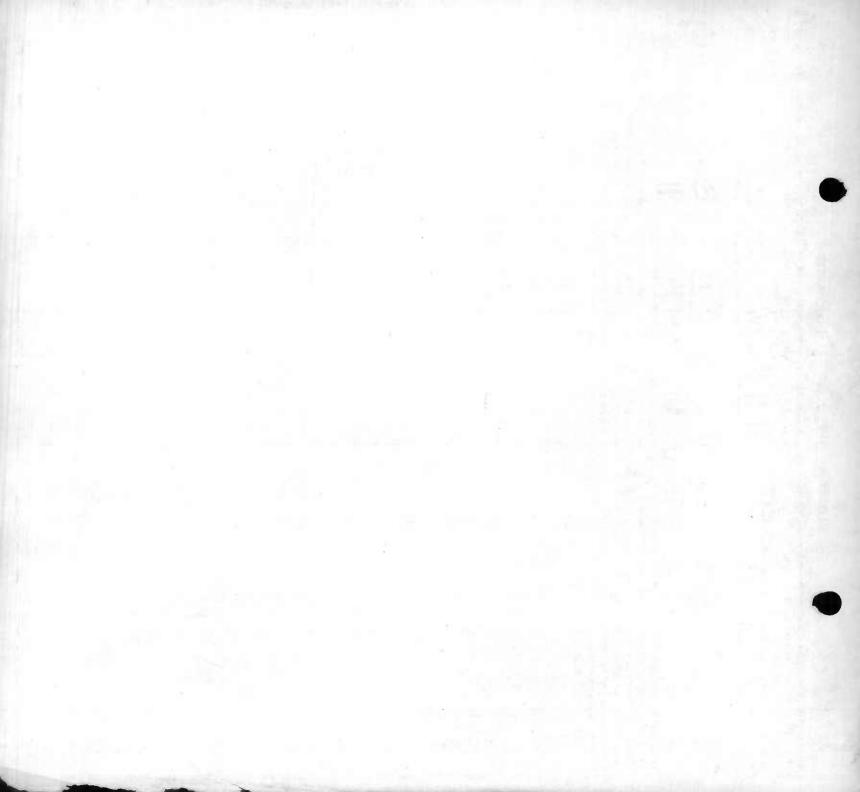
VS 151-REV. 1/1/65

	RIIFICATE OF DEATH Registered No.
M.E. CASE NO.	TO DATE AND HOUR PROMOTINGED DEAD
1. NAME OF DECEASED (Type or Print)  JAMES  WILLIAM  KNINSLEY	2. Date and Hour Pronounced Dead  1. 11:00 P.M
	4. USUAL RESIDENCE (Where deceased lived. If institution: residence befare admissign) A, STATE  8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Haward
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
CE AGNEG HOCETERAL TOO	Jessups
ST. AGNES HOSPITAL DOA	D. STREET ADDRESS (If rural, give location)
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   1	Guilford Road  8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
Male White WIDOWED, DIVORCED (specify)	Months, Days Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY)	17 JIRTHPLACE (Stole) or foreign couply) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	71.00 a P
15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no of ynknown) (If yes, give war or dotes af service) SECURITY NO.	6 7.000 7.1
118.	OF DEATH SUSSELL MISERY LEETWEEN
4 2011	OF DEATH  ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteri	iosclerotic cardiovascular disease
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	OSCIETUCIC CARATOVASCATAT GISCASC
injury or camplication which caused deoth.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	Yes IN CERTIFYING CAUSES OF DEATH?
✓ 21A. EXTERNAL CAUSE WAS     ✓ UNDERLYING OR CONTRIB-     ✓ UNDERLYING OR CONTRIB-     ✓ 18. PLACE OF INJURY (e.g., in home, form, factory, street, of the property	n or about 21C. WHERE DID (If in Baltimore City, give exact location) fice bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
(APPROX.)  WHILE AT NOT WORK AT WORK	/HILE
22.   I certify that I held an Inquiry   Inspection   Auto	and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicide	
Accident Solicide	CHIEF MEDICAL EXAMINER
ACTUAL ON CONTRACTOR	DATE SIGNED
EVANINEDIC	ASSOCIATE MEDICAL EXAMINER 3-1-65
NAME (Type) PETER W. RIECKERT, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY or	CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 3-4-65 Endangle	I Cem Some 10. Mil
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
MAR 8 1965 Robert E. Farley M. A.	1 do 14 5 1 1 1 1 1
111/11/ 0 1000 1000 2: 11/10 0	The Will Manuel seen auch Mil



	a hospite cause of se; (5) De- indance to death	-
	ributing crimed caus	none.
	death occupit or continuous in region decease	T SI LICITION
RTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospite the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death	Written gonroval must be obtained before the remains are embalmed or final disposition is made.
: IMPO	r. Also, if ure of any oncounced	To bemin
FUNERAL DIRECTOR: IMPORTANT	examine examine (3) A fract n who pr in regula	c are emb
ERAL DI	ef medical medical dy burns; physicia cian was	he remain
FUN	by the chi pital by a re; (2) Bo where the No physi	hafore +
•	o the hosi f any natu (except ); and (6)	aninted of
	must be released t accident of a hospita	val must b
	certificate sody was rs: (1) An c D.O.A. at ased prior	Vondan net
	This the k show was dece	×

* *		Y HEALTH DEPARTMENT	OF OFAD
BIRTH NO. 65 25	16 CERTIFICA	TE OF DEATH Registered No.	65 2516
M.E. CASE NO.	CERTITIES	And the Control of th	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	1575
JACOB 1	Jour 11 6-	3/7/65 2	1225 A
PLACE OF DEATH IN BALTIMORE, MARY	LAND	14. USUAL RESIDENCE (Whose docoosed lived, If in-	titutian residence before admissi
		A. STATE B. COUNTY	1/0-01
FULL NAME OF (If not in haspital or oddross or location)	institution, givo stroet	MARICHAD -	10
INSTITUTION	1/	C. CITY OR TOWN (If outside city limits, write R	URAL and give tawaship)
mol. Genl. /	/	BALTUM ORE	
Mol. (vent.	Today.	D. STREET ADDRESS (If rural, give lacation)	
	/	720 M. TREMO-	2/1
. SEX   6. RACE   7	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 H
NA SOL	WIDOWED, DIVORCED (specify)	lost birthday	Manths Doys Hours Min.
MAS IN		3-6-84 00	
DA, USUAL OCCUPATION (Give kind of work )	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
ane during most of working life, even if retired)	0	( 11 ( 1 -	WHAT COUNTRY?
	CONSTAUCTION	South Carolina	6,5,17
		14. MOTHER'S MAIDEN NAME	
SAM DO	A of a co	ELIZA U	
5. Was Deceased Ever in U. S. Armed Farco (es, no ar unknawn) (If yes, give wer or dates	of sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
, 55, 6.15 110, 51 40103	SECORIT NO.	HOSPITHL CHA	107
10			
18.502,01	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	()	V-7 /
LEADING TO DEATH	(A)	DAEVNONIA	100005
(This does not meon the mode of d			A
heart foilure, asthonia, etc. It means the injury or complication which coused d	ne diseose,	10 11 15 1	7
	101-110	one Bronchitis of Emply	Cours of
ANTECEDENT CAUSES	DUE TO	····	
DISEASES OR CONDITIONS, if on	y, giving		
ise to the obove couse (A) s	loling the (C1	**************************************	
UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING ; /	/ / A /	7.   7
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ED TO THE HELLY	tarang Cardeourselik	24-20 "
19A. DATE OF OPERATION 198. CONDI	TION FOR WHICH OPPRATION	20A. AUTOPSY? I'Ves or No. 208. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFO	RMED /	IN CERTIFYING CAL	ISES OF DEATH?
21A ACCIDENT WAS HADEDLYING	218 PLACE OF INTURY	n of chart 21C WHERE DID	City
OR CONTRIBILITING CALLSE OF	21B. PLACE OF INJURY (o.g., in home, form, foctory, street, o	office bldg., INJURY OCCUR?	City, give exact location!
DEATH (natify modical examine)	etc.)		
D 21D. TIME (Manth) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21 D. TIME (Manth) (Day) (Yoar)			
(APPROX.)	While At Nat Whi		
22 1		/ /	1 1 2
22. I certify that (this hospital)	orrended the deceased from	3 / 5 19 65 to	3/7 1955
that (1) (see) lost sow the deceased	olive on 3	19 ond that in (my) (our) opin	ion death accurred on the d
and hour and from the couses state	d about 11) (May then the		
	didye. (i) we (did) (did not)	view the body offer deoff.	
23A. SIGNATURE	11 11 11		23B. DATE SIGNED
100001	4. /- Att	ending Med. Stall Phys. 1	3/7/65
23C. PHYSICIAN'S	1/4/4-	23D. ADDRESS	-/-/-
NAME (Type)	1/1/0/1 .	2016 1011	1 may
(merald /	1. /f of 613) M.D.	Mel. (rent Hesp. Ba	10- 7km
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (Cit	y, town, ar caunty) (State)
REMOVAL (Specily)	1 1 2 1	7 /	30
Burnel 3-9-196	5 mt Culing	est Proto	mil.
25A. DATE REC'D BY HEALTH DEPT. 2	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAR 8 1985 00 8:0	19 6 6 6	6 6 6 9 -0	
1965 (12.0. 841)	Tall are	10 50 Wilson	
VS 150-REV, 1/1/65	A STATE OF THE STA		



M.1	RTH NO. 65 2517 CERTIFICATE OF DEATH Registered No. 65
(Ty	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decoosed lived, If institution: rosi
	A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give streat HOSPITAL OR oddress or location)
21	INSTITUTION CONTROL OF TOWN I outside city limits, write RURAL and g
	D. STREET ADDRESS (If turo), give focotion)
	Johns Hopkins Hesp ( D. STREET ADDRESS (If rurol, give focotion)
5. 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1
1	MIDOWED, DIVORCED (specify)  Manths: Do
	A. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)
A.	- Legaring most of working life even it retired) - Legaring to the sering over.  BALTO. Md. U.
	FATHER'S NAME
	PRESTON CAMPBELL, JR.
15.	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT A
(Yes	es.no or unknown) (If yes, give wor or dotes of sorvice) SECURITY NO.
-	18. 1 2 1 1 1 1 1 CAMP DELL
	DISEASE OF CONDITION DIRECTLY
	LEADING TO DEATH  (A) AS piration Preumonitis
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
	injury or complication which caused death.)
	ANTECEDENT CAUSES (B) Cranic Drain Syndione
	DISEASES OR CONDITIONS, if any, giving
	underlying condition last.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEA
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City give a
_	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg, INJURY OCCUR?
0	
ME	OF INJURY  While At Not While
	Work At Work
	22. I certify that H (this hospital) attended the deceased from 3/1/1965 to 3/5
	that (1) (we) last saw the deceosed olive on 19 5 and that in(my) (our) opinion deoth
	and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.
	23A. SIGNATURE  A.D. Attending Med. Stoff A
	Phys. Director Phys.
	23C. PHYSICIAN'S NAME (Type), 23D. ADDRESS
	M.D.
24 A	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of c
	Burne 3/9/1965 abutus Cel Baltima Me
25 A	MAR 8 1985 P 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
	Little Color C. Carrent
15	150-REV. 1/1/65

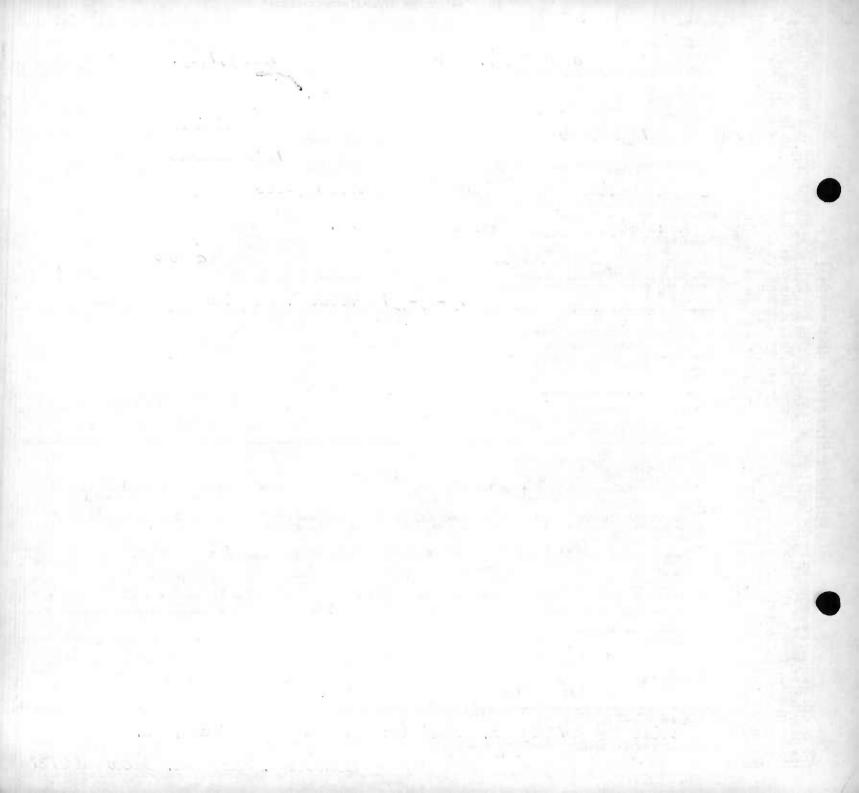
BALTIMORE CITY HEALTH DEPARTMENT



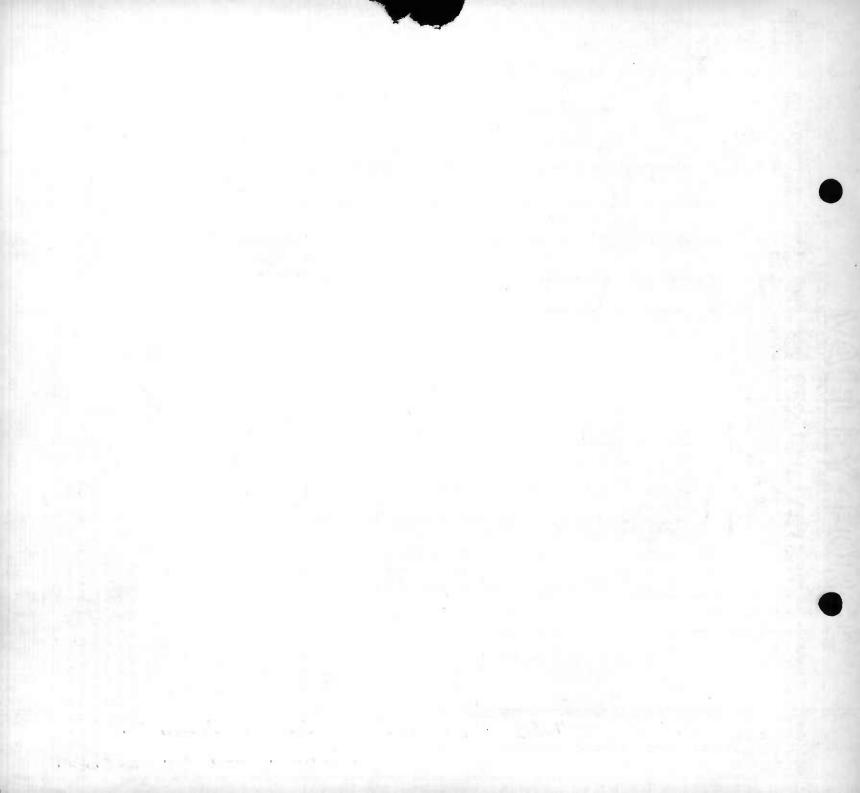
	CITY HEALTH DEPARTMENT	
BIRTH NO. 65 2518 CERTIFIC	CATE OF DEATH Registered No. 65	8
M.E. CASE NO.	2, DATE AND HOUR OF DEATH	
Type or Print)		0 -
Type or Print) Josephine T. Mroczka	March 7,1965. 7 0	A
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: lesidence befo	fe ddmis:
FULL NAME OF (If not in hospital or institution, give street	Md. 1-09	
HOSPITAL OR address or lacotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, wirte RURAL and give towns	nip)
	Baltimore	
1638 Lochwood Road	D. STREET ADDRESS (If rurol, give location)	
	1638 Lochwood Road	
SEX 6. RACE 7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If U	Inder 24
Female White Widow Widow	March 19,1888 /0	s Mi
0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	WHAT COUNTR	Y?
Housewite Own Home	Unk. USA	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jacob Kramer	Ida Modrak	
<u> </u>		
5. Was Deceased Ever in U. S. Armed Farces?  (es,na grunknown)(If yes, give war or dates af service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
No 215-09-115	512 Helen M. Pezzica Same	
18. 1 CAUS	E OF DEATH 2 + L+1/	
DISEASE OR CONDITION DIRECTLY	ONSET AND	DEATH
LEADING TO DEATH	head taled server in 141	
(This does not mean the mode of dying, e.g.,  (A) // DUE TO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)		
1/ 62	141 145	
ANTECEDENT CAUSES  OUE TO	Melenous of Colley	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C)		
underlying condition last.		
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	lema	
Bistrist or committee in	[20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERE	D
19A. DATE OF OPERATION 19B. CONDITION OR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.	g., in ar about 21 C. WHERE DID (If in Baltimare City, give exact lacat	ian)
	t, affice bldg., INJURY OCCUR?	
21D, TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Wark At W	While /ark	
22. I certify that (I) (this haspital) attended the deceased from	7	10
	7 1965 and that in(my) (our) opinion death occurred	on the
and hour and from the causes stated above. (1) (We) (did) (did no		
23A. SIGNATURE	238, DATE SIGNED	
1611/2421/2421/4 M.D.	Attending Phys. Staff Phys. Director Phys. D	
23C. PHYSICIAN'S	23D. ADDRESS	
NAME (Type) (Minul Brown)	1.0. 5620×04/100 Ball 15	12.
	1011-10	jer
4A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)		(Sto
	nus Cemetery Baltimore, Md.	
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRES	
MAR 8 1965 (R.O. A. C. J. O. A.)	Rechard at Ruck Inc. Balto Md	212

VS 150-REV. 1/1/65

Inc. Balto Md 21214 Leonard J. Ruck



IRTH NO.	65 253	10	THEALTH DEPARTMENT  ATE OF DEATH  Register	red No. 65 2519
A.E. CASE NO		CLATITICA	AL OF DEATH	
NAME OF D	ECEASED	.0 . 11	2. DATE AND HOUR OF	DEATH 50
	MARU CATI	pepine KANSIS	3. 1.65	1/2/
PLACE OF	DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceased li	ved. If institution: residence befare odmi
			A. STATE B. COUNTY	met.
HOSPITAL O		i institution, give street	Maryland. De	relo.
INICTITUTION			C. CITY OR TOWN (If outside city limit	s write RURAL and give township)
11	what For the	2 (Vonewol		ナノーマメ
1705/	icja p	//- //	D. STREET ADDRESS (If rurol, give loc	otian)
		Maryland	1654 Sherw	and the
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in ye	The lands of the l
J.L.A		WIDOWED DIVORCED (spegify)	lost birthday)	Months Doys Hours A
1	White.	Marriad.	6.8.11	5
		108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF
ane during mast	of warking life, even if retired)			WHAT COUNTRY?
	tousewite.		Caltimore /	nd. U.S A.
FATHER'S N	IAME		14. MOTHER'S MAIDEN NAME	
(1	1/1	i f	1000 12	
Tan	res / atrick	DEPRON	MIHRY DUNDO	)
	sed Ever in U. S. Armed Farci (wn)(II yes, give wor at dates		17. INFORMANT	ADDRESS
		-	1/2/101	6/ /
120			1056 cto L Halkes	ocen short
18. / 4	7100 2	CAUSE	OF DEATH	INTERVAL BETWEE
DISE	ASE OR CONDITION DIRE	CTLY	-1 - 10	
	LEADING TO DEATH	(4)	achexia + Jenera wasting.	2 110000
	s not mean the made of		+ Mating of	
	re, asthenia, etc. It means to complication which caused to		warrag.	0
mijory ar c		(8)	a rounaunat men.	
	ANTECEDENT CAUSES	DUE TO		••••••••••••••••••••••••••••
	OR CONDITIONS, if a			
	the above couse (A)	stoting the (C)		
UNDERLI	ING CONDITION last.			
	11			
TO THE	DEATH BUT NOT BELAT			
DISEASE	DEATH BUT NOT RELAT	ID TO THE		
	OF OPERATION 198, COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES	WERE FINDINGS CONSIDERED
Work 1	960 WAS PERFO	DRMED Exploratory Rape	rolony 1/0 IN CERTIFY	ING CAUSES OF DEATH?
21A ACCH	DENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	in or object TIC. WHERE DID US in	Bottimore City, give exact lacotion)
OR CONTR	IBOILING CAUSE OF	nome, Idim, roctory, street,	office bidg., INJURY OCCUR?	
DEATH (no	tify medical examiner	etc.)		
21 D. TIME	(Manth) (Day) (Year)	(Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
OF INJURY		While At Not Wh		
(APPROX)		Wark At Work		
22. 1 carti	ify that (1) (this hasnital)	attended the deceased fram	Feb. 24 1965 to	Merch 7 19
			1 4	
that (1) (w	ve) last saw the deceased	alive an March	7 19 6 5 and that in (my) (	aur) apinian death accurred an th
and haur	and from the causes state	ed abave. (1) (We) (did) (did not)	view the bady after death.	
23A. SIGNA				238, DATE SIGNED
	2101	M.D. At	tending Med. Stoff TO	
	O.L. Chow	Ph	ys. Med. Stofl Phys.	March 7.1
23C. PHYSIC			23D. ADDRESS	
NAME	(Type)	AA D	302-E 33rd	04
wr.	deslee	M.D.	200 E 22.10	)
	REMATION, 24B. DATE	24C. NAME OF CEMETERY OF CE	REMATORY 24D. LOCATION	(City, town, or county) (S
Buri	al 3/10/	169 Dulaney Val	ley Cemetery Baltin	nore, Illd.
13000				
	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		
	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	Technologie Ruck,	
	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		



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If Under 24 Hrs. Hours Min.

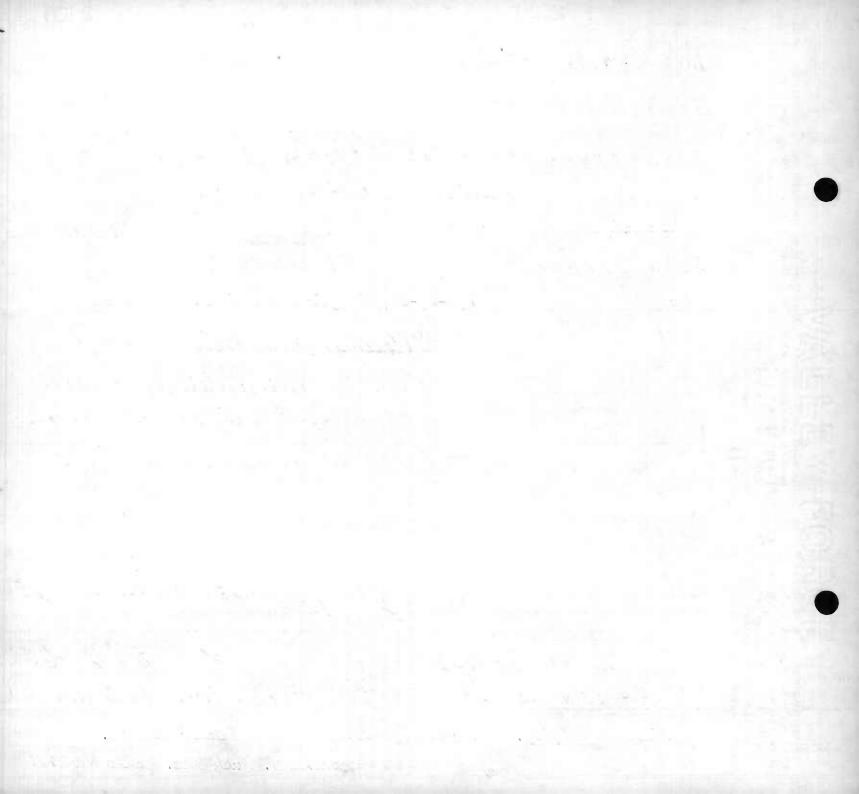
Hours

ADDRESS

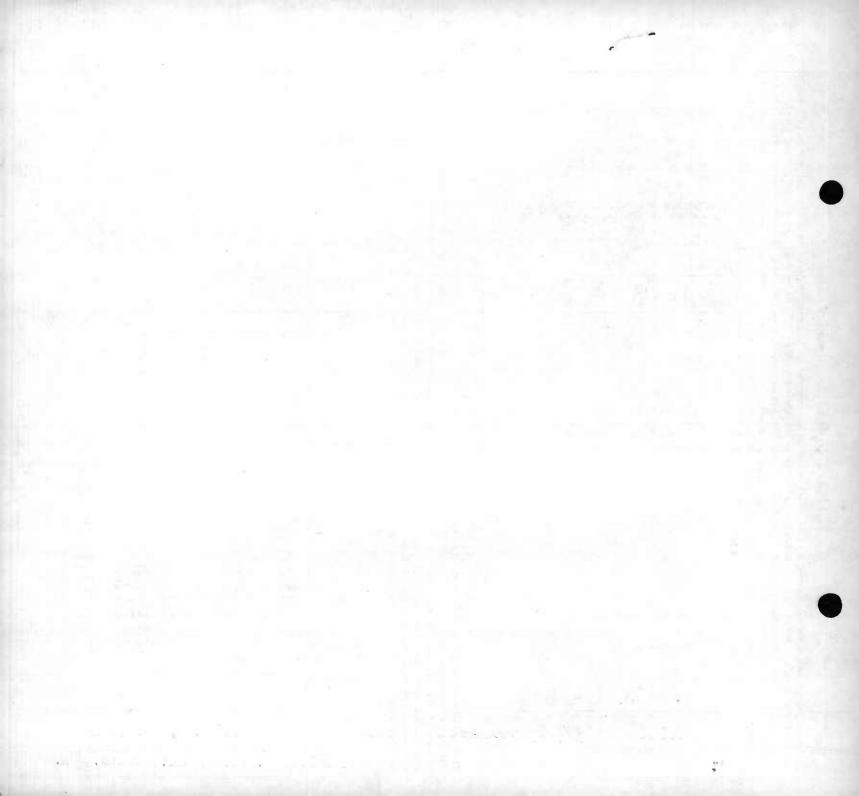
INTERVAL BETWEEN ONSET AND DEATH

Same

IMPORTANT FUNERAL DIRECTOR:



0004	BALTIMORE CITY	HEALTH DEPARTMENT	05	0004
ытн но. 65 2521	CERTIFICA	TE OF DEATH	Registered Na. 6.5	2021
1. NAME OF DECEASED	(Mayer)	2. DATE AN	D HOUR OF DEATH	- 9.00 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID ID	4. USUAL RESIDENCE (When		n: residence before admission)
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	A. STATE ABJECUN	COND OF	5-07
INSTITUTION		C. CITY OR TOWN (If out	7 M OPE	ond give township)
MONTERETTO	>14/5 10034	D. STREET ADDRESS (If	S (40 MB)	I ERY ST
	ARRIED, NEVER MARRIED		9. AGE (In years left Ur Month	nder 1 Yr. If Under 24 Hrs. Doys Hours Min.
done during most of working life, even if refired	AND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole or forei		CHITZEN OF WHAT COUNTRYS
13. FATHER'S NAME Uh Kusur	h	14. MOTHER'S MAIDEN, NAM	1 know	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates at s	1 6. SOCIAL SECURITY NO.	17. INFORMANT CHAS	VEMSON	ADDRESS JA, (SM)
DISEASE OR CONDITION DIRECTL	CAUSE O	F DEATH	1/ 0	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dying	(A) th	termlerdi	s Dear	£ 20 g
heart failure, asthenia, etc. It means the d	lisease,	Dorlary!	Phermatics	0
ANTECEDENT CAUSES	(B)	Bent 6	men !	0000 0 4700 0 00 70 711 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stolin UNDERLYING CONDITION last.				900000AA090A00000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING Old ar	cho Vosa Do	culout?	± 5 yz
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN	GS CONSIDERED F DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical exominer)	21B. PLACE OF INJURY (e.g., i hame, lorm, foctory, street, a etc.)		(If in Boltimore City,	give exoct locotion)
OF INJURY (Month) (Doy) (Year) (Hor	while At Not Whi	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	Work Al Work	7.14	61 Ma	d 6 .65
22. I certify that (I) (this hospital) atte that (I) (we) last saw the deceased ali	in who call	6	ot in(my) (aur) apinian d	eath accurred an the date
and haur and fram the causes stated al	pave. (I) (We) (did) (dld nat)	view the bady after death.	238. 0	PATE SIGNED
Kenten C. Mu	Levely M.D. Att	ending Med. Director	Stoff Phys.	3/6/65
23C. PHYSICIAN'S NAME (Type) REUBEN C. GUERRERO	M.D.	23D. ADDRESS Montifell	State lo	torgental
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  3/9/65	Parkwood Cemet		altimore, Ma	n, of county) (State) ryland
MAR 8 1965 Robert &	NAME OF REGISTRAR	25C FUNERAL DIRECTOR		U
VS 150-REV. 1/1/65		***		



NAME OF	0599			HEALTH DEPARTMENT	Registered No.	65 2	50
M.E. CASE NO.	CORR		CERTIFICA	TE OF DEATH	Registered Na.		a Hayle
1. NAME OF DECEASED				2. DATE	AND HOUR OF DEATH		
FLOR	ENCE FORRE		-	March 4. USUAL RESIDENCE (V	ch 5, 1965		
S. PLACE OF DEATH IN	BALIMORE, MAI	KILAND		A. STATE B. CO	UNTY	institution: residence t	petore od
FULL NAME OF	(If not in hospital a	or institution, giv	e stieet	Maryland		260	/
HOSPITAL OR	oddress or location	1)			outside city limits, write	RURAL and give tow	nship)
F(0f D.7.3.	Di			Baltimore			
5685 Belair	ra.			D. STREET ADDRESS	(If tural, give location)		
5. SEX   6. RAG			FILED AL ABBIT	5685 Belair			
5. SEX 6. RA	JE .	7. MARRIED, N WIDOWED,	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days H	If Under
Female Wh	ite	Widow	red	1/27/1888	77		
tOA, USUAL OCCUPATIOn done during most of working	lile, even il setired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUN	TRY?
Housewife				Maryland		USA	
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
Anmet M	France			Vethering W			
August M.	n U. S. Armed Forc	es? 1	6. SOCIAL	Katherine Yo	ourig	ADDRES	S
(Yes, no or unknown) (If yes	s, give wor or doles	s of Selvice!	SECURITY NO.	36 36	1 7 4/04		
No   18. 44 ') ')	27.		CAUSE O	Mrs. Mary Rel	DDel 2002 Rel	air Rd. #5	DETM
7 ~ ~ .	CONDITION DIR	ECTI V	CAUSE O	4		ONSET A	
	ING TO DEATH	LUILI	W. W.	batati das	IIM Pala.	500.	~
(This does not me			DUE TO	Lo-UNICAS TUS	MICHALL	July	M
heart failure, asther			DA.	· hu	1. t. A.	105	
ANTEC	EDENT CAUSES		BURG	uc llyocara	Me Stag	aft	******
DISEASES OR CO	NDITIONS, if	any, giving	On.		+12- a		
rise to the abo		stoting the	(C) (K)	one gastr	mac/muse	91	
			7.00	U	proceps		
OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING	110000	men and	0		
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	BUT NOT RELA	TED TO THE	Thereno	megaly			
19A. DATE OF OPER		DITION FOR WH	OPERATION	20 A. KUTOPSY? Hes or	No. 208. IF YES, WERE	FINDINGS CONSIDE	RED
19A. DATE OF OPERA		OKMED			I IPE A PROTECTION CO.		
W						AUSES OF DEATH?	
OF CONTRIBUTING	CAUSE OF	21 B. PL home.	ACE OF tNJURY (e.g., i	n ai abaut 21C. WHERE DIC ffice bldg., INJURY OCCUR	(If in Baltimo	ie City, give exact la	
OR CONTRIBUTING	CAUSE OF	21 B. Pl. home, etc.)	ACE OF tNJURY (e.g., i form, foctory, street, o	n at about 21 C. WHERE DIC	(If in Baltimo		
OR CONTRIBUTING DEATH (notify medic	CAUSE OF	home,	ACE OF INJURY (e.g., i form, foctory, street, o	ffice bldg., INJURY OCCUR	(If in Baltimo		
OR CONTRIBUTING	CAUSE OF all examiner	home,	form, foctory, street, o	21F. HOW DID	(If in Baltime		
OR CONTRIBUTING DEATH (notify medic 21D. TIME (Mont OF INJURY (APPROX.)	CAUSE OF al exominer) (th) (Day) (Year)	(Haui) 21 E. IN While Walk	Not While At Work	21F. HOW DID	INJURY OCCUR?		
OR CONTRIBUTING DEATH (notify medic 21 D. TIME (Mont OF INJURY (APPROX.)  22. 1 certify that (	CAUSE OF all examiner)  th) (Day) (Year)  (I) (this haspital)	(Haui) 21 E. IN While Wask	NJURY OCCURRED  At Not White At Work	21F. HOW DID	INJURY OCCUR?	tanch	cotion)
OR CONTRIBUTING DEATH (notify medic  21D. TIME OF INJURY (APPROX.)  22. I certify that (that (l) (week) last seems	CAUSE OF ol examiner)  th) (Day) (Year)  (I) (this haspital) saw the decease	(Havi) 21E. IN While Wark ) attended the	At Not While At Work	21F. HOW DID	INJURY OCCUR?	tanch	cotion)
OR CONTRIBUTING DEATH (notify medic  21D. TIME OF INJURY (APPROX.)  22. I certify that (that (l) (week) last seems	CAUSE OF ol examiner)  th) (Day) (Year)  (I) (this haspital) saw the decease	(Havi) 21E. IN While Wark ) attended the	At Not While At Work	21F. HOW DID	INJURY OCCUR?	tanch	519
OR CONTRIBUTING DEATH (notify medic  21D. TIME OF INJURY (APPROX.)  22. I certify that (that (l) (week) last and haur and frame	CAUSE OF ol examiner)  th) (Day) (Year)  (I) (this haspital) saw the decease	(Havi) 21E. IN While Wark ) attended the	form, foctory, street, o	21F. HOW DID 19 65 and	INJURY OCCUR?  19 ta ap	tanch	519
OR CONTRIBUTING DEATH (notify medic  21D. TIME (Mont OF INJURY (APPROX.)  22. I certify that ( that (I) ( last : and haur and fram  23A, SIGNATURE	CAUSE OF ol examiner)  th) (Day) (Year)  (I) (this haspital) saw the decease	(Havi) 21E. IN While Wark ) attended the	form, foctory, street, o	21F. HOW DID  21F. HOW DID  19 5 and  view the body after deat  Med. Director	INJURY OCCUR?	tanch	519
OR CONTRIBUTING DEATH (notify medic  21D. TIME OF INJURY (APPROX.)  22. I certify that (that (l) (week) last and haur and frame	CAUSE OF ol examiner)  th) (Day) (Year)  (I) (this haspital) saw the decease	(Havi) 21E. IN While Wark ) attended the	At M.D. Att.	21F. HOW DID 19 65 and	INJURY OCCUR?  19 ta ap	tanch	519
OR CONTRIBUTING DEATH (notify medic  21D. TIME OF INJURY (APPROX.)  22. I certify that ( that (I) ( last : and haur and fram 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	CAUSE OF all exeminer)  (h) (Day) (Year)  (1) (this hospital) saw the decease of the causes state of the cause	(Haus) 21E. IN While Wask ) attended the d olive an ed above. (1) (	At Not White At Work  Accessed fram  (did) (did not)  M.D. Att.  Phy	21F. HOW DID  1965 and  view the body after deat  Med. Director  23D. ADDRESS	that in (my) (apply)	tarch inion dooth accurr	519
OR CONTRIBUTING DEATH (notify medic  21D. TIME (Mont OF INJURY (APPROX.)  22. I certify that ( that (I) ( last : and haur and fram 23A. SIGNATURE  23CNPHYSICIAN'S	cause of ol examiner)  (h) (Doy) (Year)  (l) (this haspital) saw the decease the causes state  ARB (N. 1248, DATE	(Haus) 21E. IN While Wask ) attended the d olive an ed above. (1) (	At M.D. Att.	21F. HOW DID  1965 and  view the body after deat  Med. Director  23D. ADDRESS	that in (my) (apply)	tanch	519
OR CONTRIBUTING DEATH (notify medic 21D. TIME (Mont OF INJURY (APPROX.)  22. I certify that ( that (I) (we) last : and haur and fram 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)	cause of ol examiner)  (h) (Doy) (Year)  (l) (this haspital) saw the deceased the causes state of the cause o	(Haui) 21E. IN White Walk ) attended the d olive an ed above. (I) (	At Not Whit At Work deceased from (did) (did not) N.D. Att. Phy	21F. HOW DID  21F. HOW DID  19 0 5 and  view the body after deat  and Director  23D. ADDRESS  EMATORY  24D	that in (my) (apply)  Staff Phys.  LICATION (CE)  BALTIMORE	March inion deoth accurred to the country of the co	519
OR CONTRIBUTING DEATH (notify medic  21D. TIME OF INJURY (APPROX.)  22. I certify that ( that (I) ( last : and haur and fram 23A. SIGNATURE  23CLPHYSICIAN'S NAME (Type)  24A. BURIAL CREMATIO REMOVAL (Specify)	cause of olexaminer)  (h) (Doy) (Year)  (l) (this haspital) saw the decease the causes state  N, 248, DATE  3/9/65	(Haui) 21E. IN White Walk ) attended the d olive an ed above. (I) (	At Not White At Work  Accepted from M.D. Att.  M.D. Att	21F. HOW DID  21F. HOW DID  19 0 5 and  view the body after deat  23D. ADDRESS  EMATORY  24D  METERY  25C. FUNERAL DIRECT	that in (my) (apply)  Staff Phys.  LICATION (CE)  BALTIMORE	inion deoth accurry  23R DATE SIGNED  ity, lown, or county)  MD.	519 ed on

FUNERAL DIRECTOR: IMPORTANT

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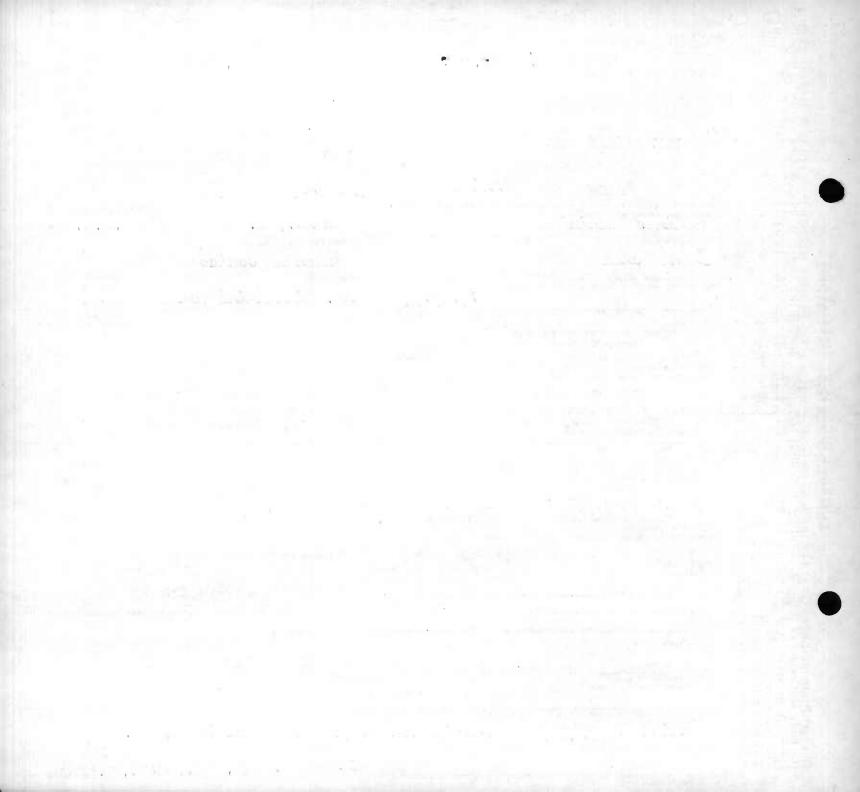
OF ALL PROPERTY OF THE PROPERT

IMPORTANT

FUNERAL DIRECTOR:

chief

BALTIMORE CITY HEALTH DEPARTMENT

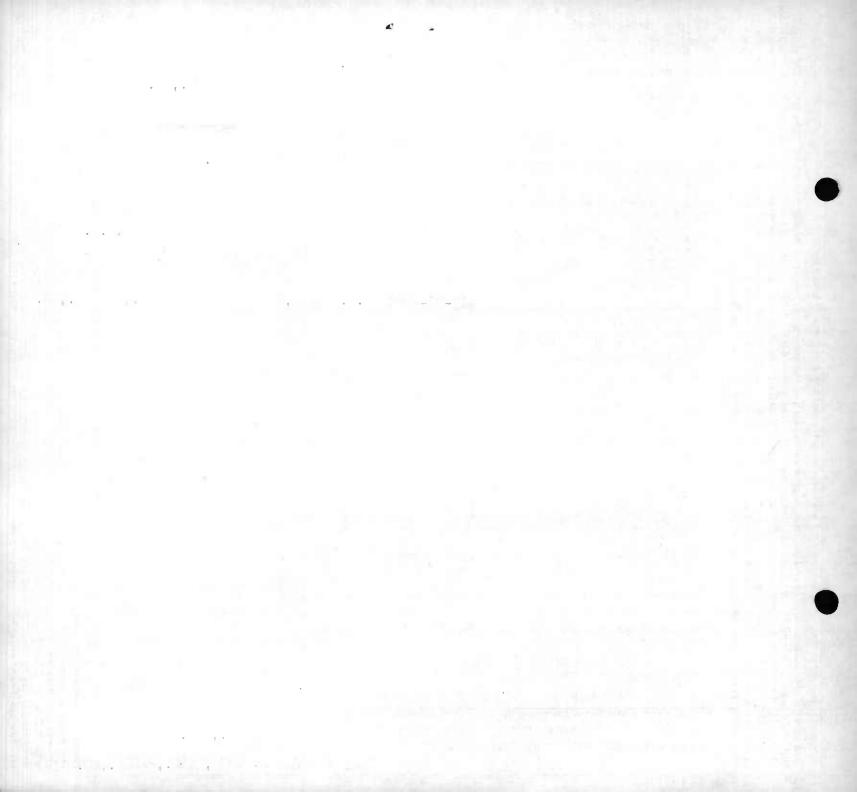


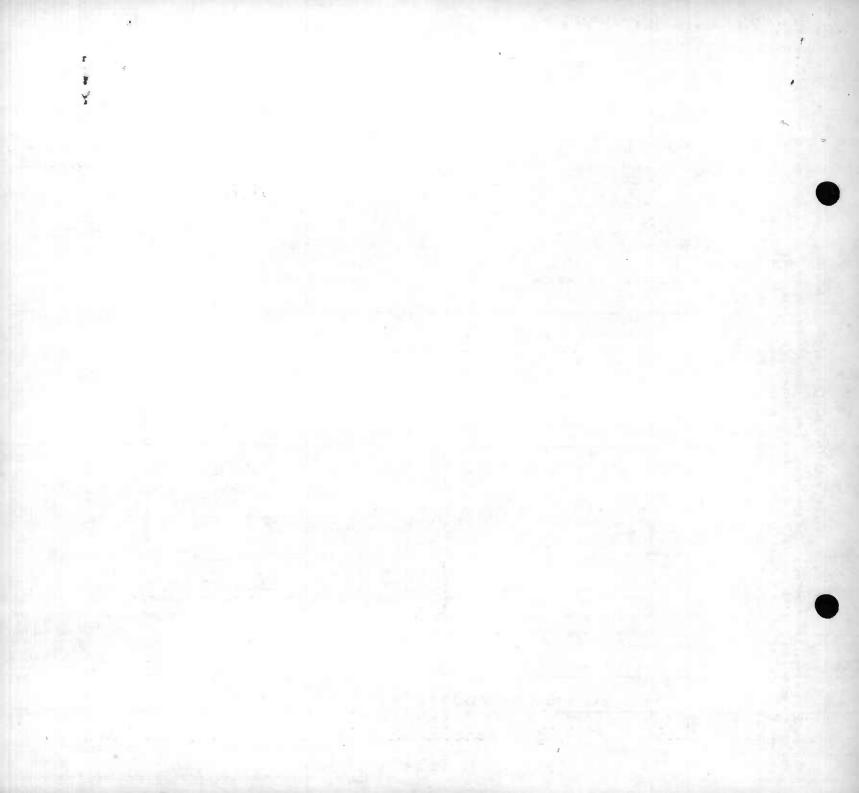
IMPORTANT

DIRECTOR:

FUNERAL

RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 2. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS C.B. WAITZ, 3024 WOODSIDE AVE., BALTO., MD. INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) ADDRESS IBONARD J. RUCK, INC., BALTO., MD. 21214 VS 150-REV. 1/1/65





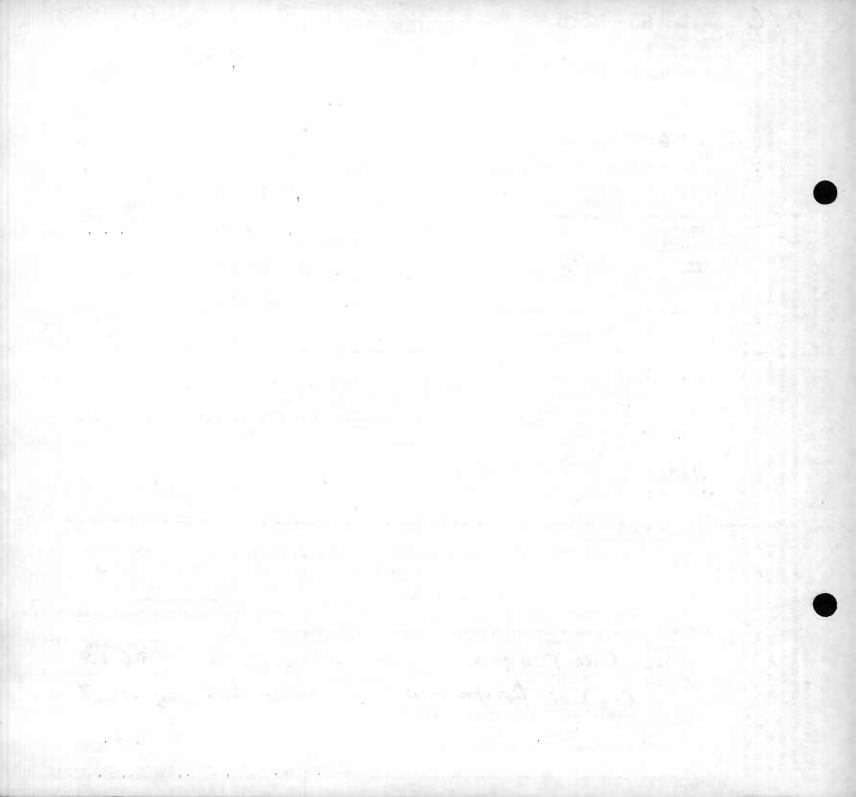
IMPORTANT

FUNERAL DIRECTOR:

MARCH 5, 1965

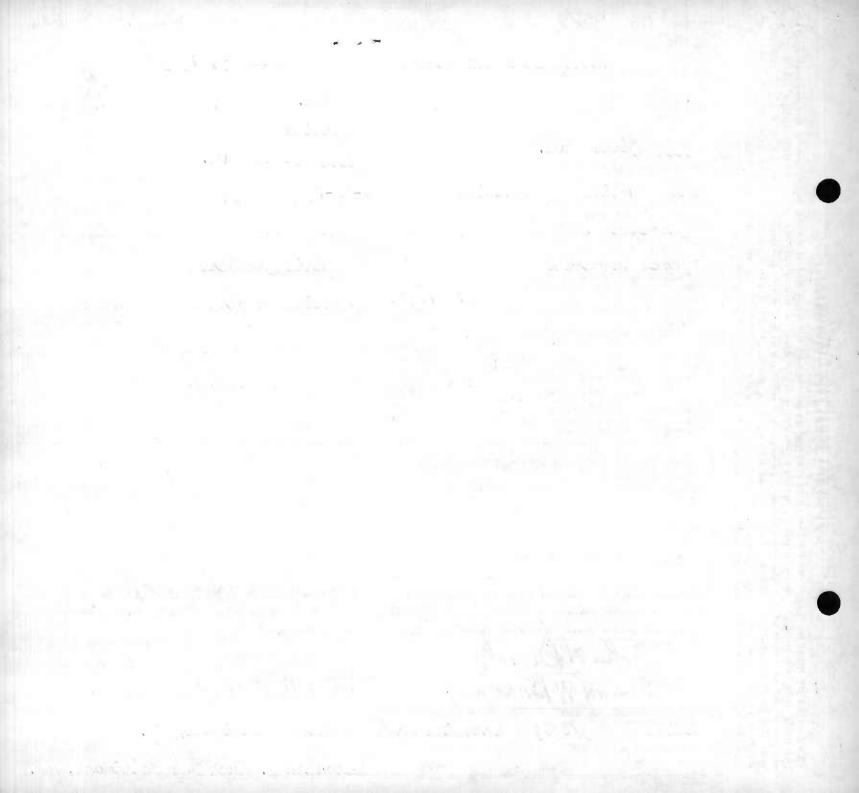
4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS SAME INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) \_\_\_\_\_\_19\_\_\_\_and that in (my) (our) opinion death occurred on the date deceased written ap BALTIMORE MD. ADDRESS INC. BALTO, MD. VS 150-REV. 1/1/65

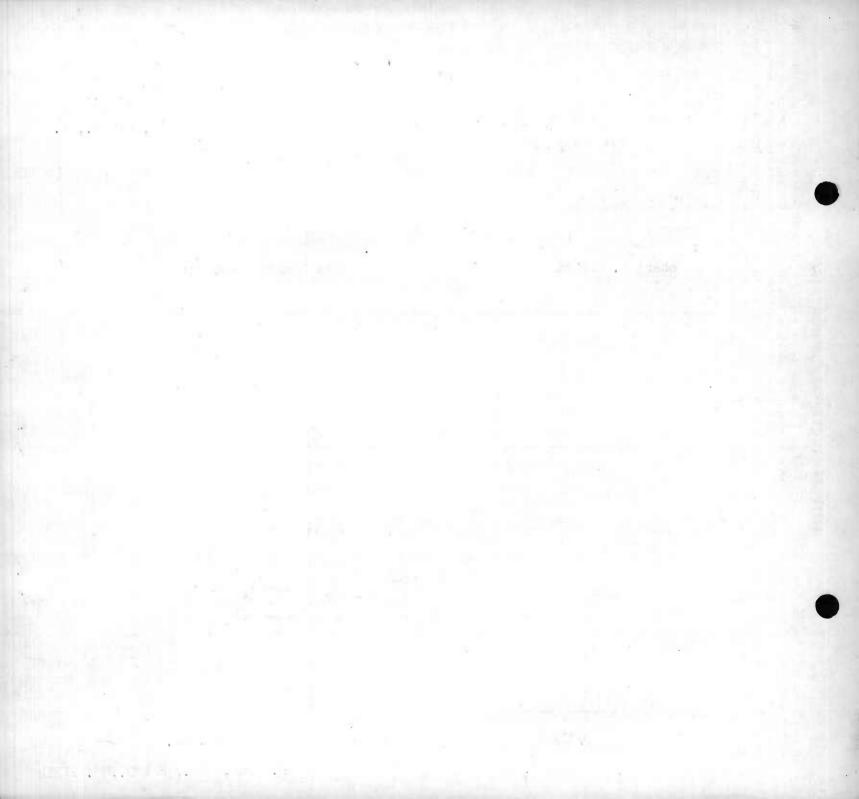
BALTIMORE CITY HEALTH DEPARTMENT



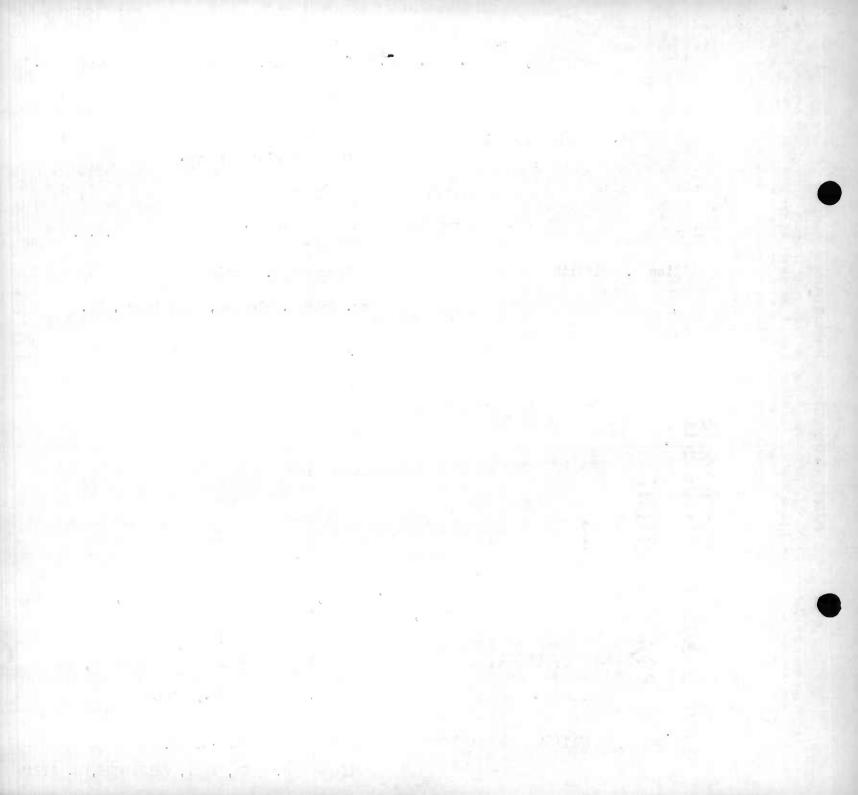
			BALTIMORE CIT	Y HEALTH DEPARTMENT		CE OFOR
BIRTH N		527	CERTIFICA	TE OF DEATH	Registered No.	65 2527
1. NAM	ASE NO.			2. DATE AN	ND HOUR OF DEATH	
Type or	r Print) Ha	rleu len	oy Humphreys	Mar	ch 5. 1965	3 /
3. PLAC	CE OF DEATH IN BALT	MORE MARYLA	NDO TOURS	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admis
				M I	111	5 1-03
HOSI	PITAL OR oddres	t in hospital or ins ss or location)	titution, give street	C. CITY OR TOWN (If ou	teide city limits write	RURAL ond give township)
INSTI	TUTION			011.	Taraba any mina, mina	wenter one give lownship,
	2552 8/1/			D. STREET ADDRESS (IF	rutol, give location)	
	3553 Elmley	y rive.		3553 Elmlo	u Ave.	
S. SEX	6. RACE		ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
ma	le white		NOOWED, DIVORCED (specify)	6-26-1905	lost birthdoy)	Months Doys Hours Mir
		471	KIND OF BUSINESS OR INDUSTRY		ign Country)	12, CITIZEN OF
done dur	ring most of working lite, ev	ven if retired)		A4 1 1		WHAT COUNTRY?
(	arpenter			Maryland		USA
	HERS NAME			14. MOTHER SOMAIDEN NA	ME	
(	James Humpl	reys		Annie Ch	ambers	
S. Was	Deceased Ever in U. S or unknown) (If yes, give	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	Transfer yes, give	or doles of :	service) SECURITY NO. 216018428	D 1: 11		
1B.	1101			Pauline Hw	mprineus	INTERVAL BETWEEN
	162 / 1	DITION DIRECT		A		ONSET AND DEATH
	DISEASE OR CON		Barre		. /	4
(Th	is does not mean the	e made of dyin	g, e.g., DUE TO	choquie caren	cour right	G
	art failure, asthenia, et ury ar camplication wh		disease,	AAIN 11-1	1 4 1	
""			(B) C M	ullible skeletat	mul astases	
	ANTECEDEN		DUE 10			
	SEASES OR CONDIT e la lhe abave d					
	DERLYING CONDITIO				************************	
	li li					
V 70	HER SIGNIFICANT CON					
A DIS	SEASE OR CONDITION					
H 19A	DATE OF OPERATION	198. CONDITIO	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
S S				yes		440
U 21 A	CONTRIBUTING CAL	DERLYING USE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	in or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
A DEA	ATH (notify medical exa	miner)	etc.)			
	P. TIME (Month) (D	Doy) (Year) (Ho	url 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
E OF	PPROX.)		While At Not Whi			
			Work At Work		111 -	sm. 1
22.	I certify that (I) (thi	is hospital) att	ended the deceased from	19 Horanter	19 6 7 to 5	11 arch 1965
tho	et (1) (we) Tost sow th	ne deceased oli	ve on 1 March	19 6 5 ond th	ot in (my) (our) opi	nion deoth occurred on the
ond	hour and from the c	ouses stoted o	bove. (1) (He) (did) (did not)	view the body ofter death.		
	SIGNATURE	313	//	-		23 B. DATE SIGNED
	John	Noar	ualy M.D. Att	dending Med.	Stoff	5 Mar 65
23 C	PHYSICIANS		- Phy	23D. ADDRESS	Phys. D	1
	NAME TYPE OH!	V 1/1/2A	RNABY	1531 × 1/m/	Clare Pho	moi MA
	40/11/	1 14 1911	M.D.	12216 110mm	anguell	mou 111 9
	JRIAL CREMATION, 24	B. DATE	24C. NAME of CEMETERY of CR	FMATORY 24D. I	OCATION (C)	
	MQVAL/(Specify)	- 10 -1				
200	rial (Specify)	3/8/65	Lorraine Park			
		3/8/65 DEPT.  258.			eltimore, 1	4
	rial	3/8/65 DEPT. 258.	Lorraine Park	Cemetery Ba	ltimore, /	nd.

VS 150-REV. 1/1/6S



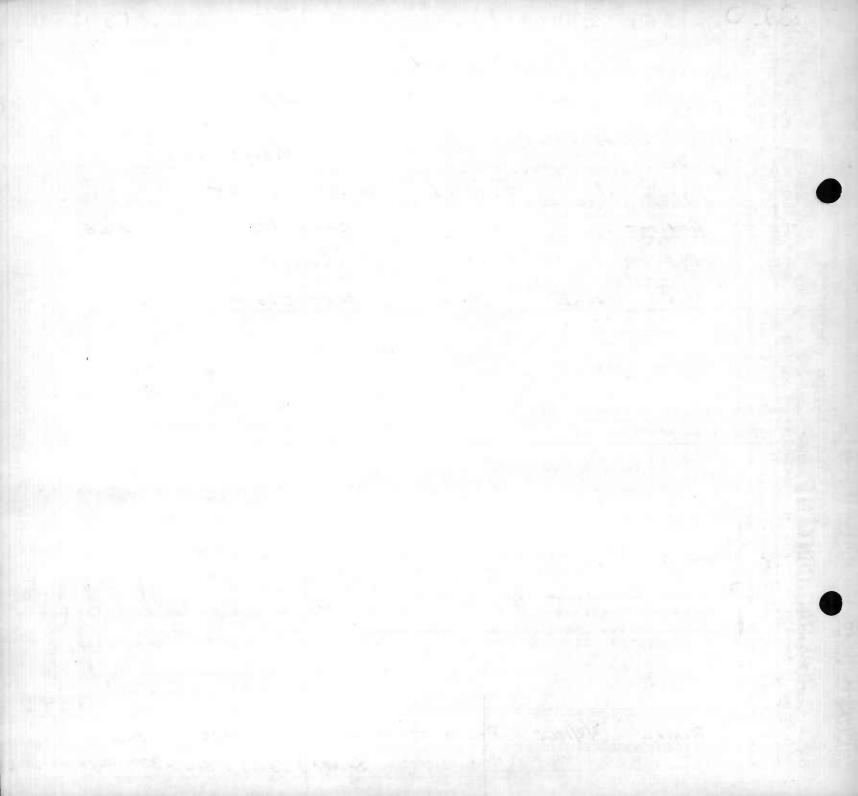


			BALTIMORE CITY	HEALTH DEPARTMENT		65 2529
M.E. CASE NO.	65 2529		CERTIFICA	TE OF DEATH	Registered No	65 2529
Type or Print)				•	AND HOUR OF DEATH	
			ohn C. (Rt. Rev.		sh 7, 1965	4:35 P.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA. STATE B, COU	INTY	stitution: residence before admissi
FULL NAME	OF (If not in hospital	or institut	ion ave sheet	Maryland		27-16
HOSPITAL OR	oddress or locatio		ion, give sheet	C. CITY OR TOWN (If a	outside city limits, write I	RURAL ond give township)
INSTITUTION				Baltimore 21		
/	St. Joseph I	Iospit	al	D. STREET ADDRESS	If rurol, give location)	
				4502 Park He	eights Ave.	
SEX	6. RACE		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months; Doys Hours; Mir
Male	White		owed, DIVORCED (specify)	5/21/1910	lost birthdoy) 54	Months Doys Hours Min
À, USUAL OCC	UPATION (Give kind of wor		OF BUSINESS OR INDUSTRY			12. CITIZEN OF
	working life, even if retired)		Ambrose Church			WHAT COUNTRY?
Clergyma		500	-Androse onuren	Baltimore, M	14.6	U.S.A.
FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
1,14774	T Contesta			Manager	Manada	
. Wos Decease	E. Griffith		1 6. SOCIAL	Margaret A.	Martin	ADDRESS
es, no or unknow	n) (If yes, give wor or dote	es of servi	ce) SECURITY NO.			
				Rev. John T. S.	leeman, Palt	
18.	01/4126	OX	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY				
	LEADING TO DEATH		(A) An	terior margaardi	al infanction	_
	nol meen the mode of		e.g., 口以本本本 .	terior myocardi with congestive	heart failu	ra
	, osthenia, etc. It meons mplication which coused		os e,		TIOUTO TULEA	
	ANTECEDENT CAUSES		(B)			
DISEASES			DUE TO			
	OR CONDITIONS, if above couse (A)					
	G CONDITION lost.		, =, announcement			
	11					
	IFICANT CONDITIONS			tes mellitus		
	DEATH BUT NOT RELA		int -1400	OOS MOTITIONS		
19A. DATE O	F OPERATION 198 CON		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No. 208. IF YES, WERE I	FINDINGS CONSIDERED
2				No	or committee CA	DULL OF DEATH:
OR CONTER	ENT WAS UNDERLYING		21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notif	y medical examiner)		etc.)	mee biog., INJURT OCCUR?		
21 D. TIME	(Month) (Doy) (Year)	(Hour)	21E INJURY OCCURRED	21F. HOW DID IN	HILLRY OCCITES	
OF INJURY			While At Not Whit		TOXI OCCUR:	
(APPROX.)			Work At Work			
22. I certify	v that (1) (this hospita	I) attend	ed the deceased from	March 4	19 65 to Me	rch 7, 19 6
				-		nion death occurred an the
						nion death occurred an the
		ted abov	e. (I) (We) (did) (did not) v	riew the bady after death	•	
23A. SIGNAT		-				23 B. DATE SIGNED
	melity som	. 10	M.D. Atte	ending Med.  Director	Staff Phys.	March 7, 1965
23 C. PHYSICI.	ANS			23D. ADDRESS		
NAME	Melito N	. Tor		1400 N. Carol	ine St. 212	13
4A. BURIAL CRI REMOVAL	EMATION, 24B. DATE	24	C. NAME of CEMETERY of CRI	EMATORY 24D.	LOCATION (C)	ty, town, or county) (Stat
	2/17/16	- 1	TELL CAMPINDDAY OF	ACCOUNT.	TMTI/Open	
SA. DATE REC'I	BY HEALTH DEPT.	2SB. NA	NEW CATHEDRAL CE	METERY BA	LITHORE, MD.	ADDRESS
	MAR 9 1965	00	Tower M. J.			
		Arac	1000	LEONARD J. A	CUCK, INC., B	ALTIMORE, MD. 212
S 150-REV. 1/1				Taponina Se T	JOON, ANOI, D	ILLI IIIOICE JIE C



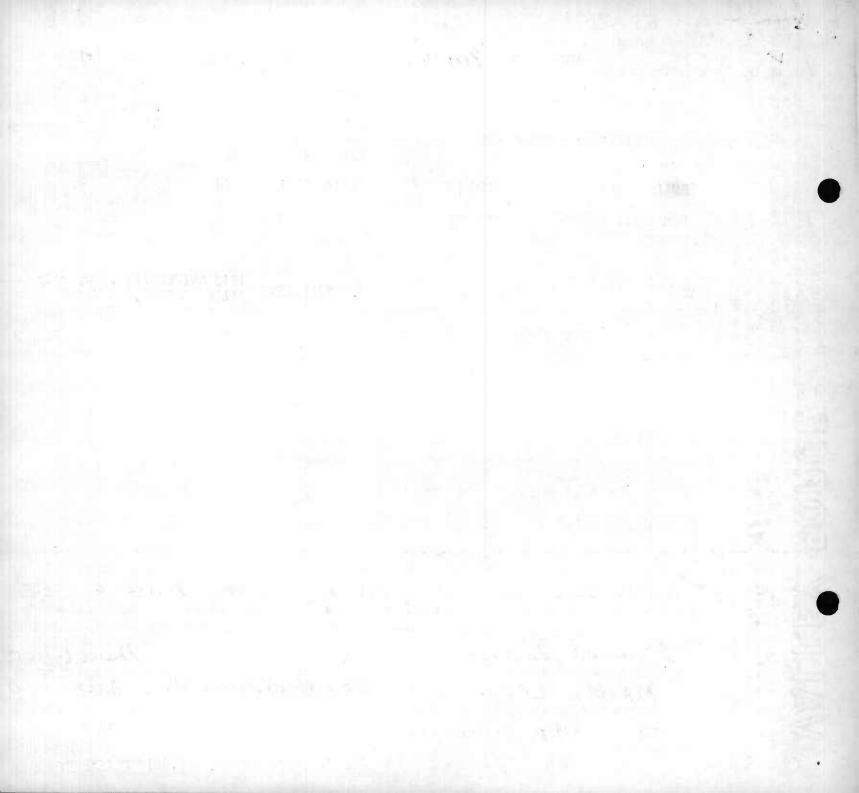
7	9	9	1	1	-
R	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death/shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased $\mathcal{A}$	ar attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	de. T
•	t if death occur	(4) Undetermine	was in regule	the deceased	written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	r or his assistan	. Also, it the dure of any kind;	onounced death	r attendance or	almed or final d
L DIRECTOR:	edical examine	lical examiner. rns; (3) A fractu	sician who pre	was in regular	mains are emba
FUNERA	by the chief me	pital by a med ıre; (2) Body bu	where the phy	No physician	d before the re
•	st be approved	ased to the hos ent of any natu	spital (except	death); and (6)	nust be obtaine
	certificate mu	body was releases: (1) An accid	D.O.A. at a he	eased prior to	ten approval n
	This	the	Was	dec	¥ri.

	0 = 00	BAL	TIMORE CITY H	EALTH DEPARTMENT		05 0560
	55 2530	ÇE	RTIFICAT	E OF DEATH	Registered Na	65 2530
M.E. CASE NO. I.NAME OF DEC	CEASED	uel Ros	sia	2. DATE A	NO HOUR OF DEATH	1220 A
. PLACE OF DE	ATH IN BALTIMORE, MAR	YLAND		STATE B. COU	ere deceased lived. If insti NTY	itution: residence before odmission
FULL NAME O	OF (If not in hospital a	r institution, give street		MERYLAND CITY OR TOWN (IF OR		0-12
INSTITUTION	-1			BALTIMEN		RAL and give township)
2	SINGI He	SPT		. STREET ADDRESS	tutal, give location)	
				2616 VIO	LET AUE	
SEX.	w	MARRIED, NEVER MA WIDOWED, DIVORCE MARRIES	D (specify)	0-28-1896	68	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	UPATION (Give kind of work)  f working life, even if retired)	OB, KIND OF BUSINESS	OR INDUSTRY 11			12. CITIZEN OF WHAT COUNTRY?
Audit				BALTO. M		USA
3. FATHER'S NA			14	MOTHER'S MAIDEN NA	ME	
MEY				LantinE		
. Wos Decease les, no or unknow	d Ever in U. S. Armed Forc n) (If yes, give war ar dates	of service) SECUR	ITY NO.	· INFORMANT		ADDRESS
YES	WAR I	220-3	6-4086	Hospr Cha	RT	
18. DISEA	SE OR CONDITION DIRE	CTLY	CAUSE OF	DEATH CAR DO	A = B	INTERVAL BETWEEN ONSET AND DEATH
	nal meen the made of , asthenia, etc. It means		DUE TO	rieno socie	when disea	20
	mplicotian which coused		C	with left o	nidelle cost	D
	ANTECEDENT CAUSES		DUE TO	astout Il	- 4 m 675 2	
	OR CONDITIONS, if one abave cause (A)		(C)	and from	10×11100200	
	G CONDITION last.	siding inc	(C)			
OTHER SIGN	II  WIFICANT CONDITIONS CO	TED TO THE	merro	roma.		
	F OPERATION CAUSING IT	TION FOR WHICH OF		20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FIN	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	218. PLACE OF home, form, fo etc.)	INJURY (e.g., in a ctory, street, offic	obout 21C. WHERE DID INJURY OCCUR?	()f in Bo)timore	City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY O	CCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX)		While At Work	Not White			
22. I certify	y that (1) (this hospital)	attended the deceas	ed fram	3/2	19 25 to	3/5 196
that (I) (we	) lost saw the decease	olive an	315	19 5 and t	hat in (my) (aur) apinl	on death accurred on the d
	nd fram the causes state		d) (did nat) vie			
23A. SIGNAT		111	4			23 B. DATE NIGNED
	1/Com	Layon	MD. Attend	Med. Directory	Stoff Phy s.	3/3/65
23C. PHYSICI	ANS Type)	1 T SHINK	M.D. 231	D. ADDRESS	i Hospita	lo Baltinan
24A. BURIAL CR REMOVAL	EMATION, 248. DATE	24C NAME of CE	METERY OF CREM	ATORY 24D.	LOCATION / (City,	to who or county) (State)
BURID	7/4./.	- BALTO	HEBR	EW	BaLTO	Ums
	D BY HEALTH DEPT.	258. NAME OF REGISER		25C. FUNERAL DIRECTO	R	ADDRESS
	MAR 9 1965	Tobelo E. J	Theophill.	SYLENN S. LEL	uls + Son -	3319 OLYMPIA
S 150-REV. 1/1	/65					



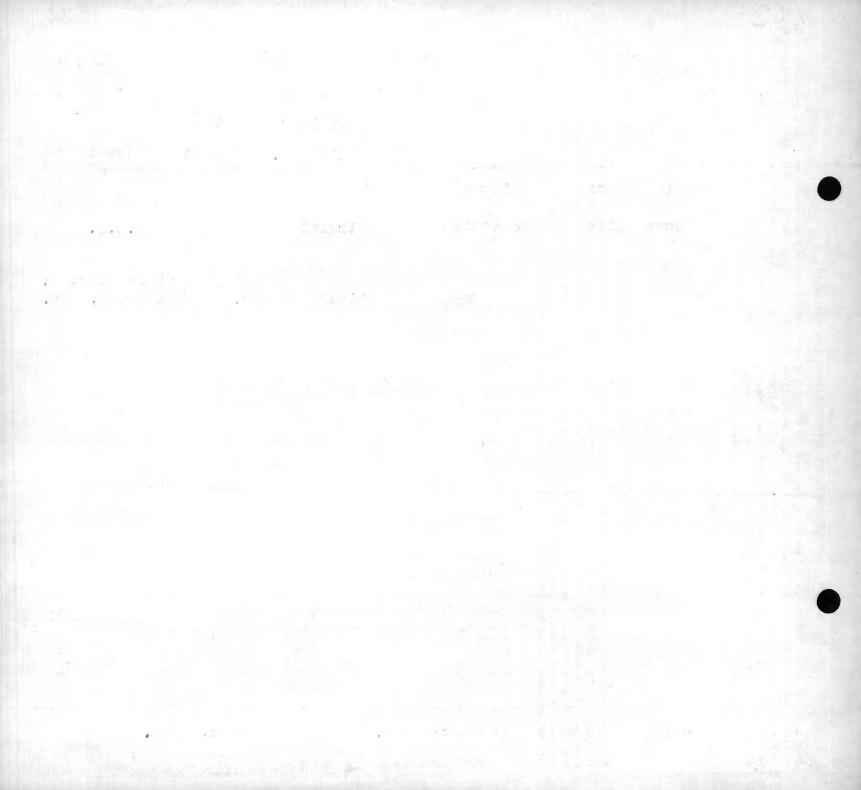
IMPORTAN

FUNERAL DIRECTOR:



FUNERAL DIRECTOR: IMPORTANT

Tuno or Dick	DECEASED						
Type of Fnot	arriett		Rober	ts	3/4/65		10
3. PLACE OF	DEATH IN BALTI	MORE, MARYLAI	ND	4. USUAL RESID	B. COUNTY	sed lived. If i	institution: residence
FULL NAA		in hospitol or ins s or location)	titution, give street	Maryl	and		10-
INSTITUTIO	N			Baltin	-	ity	RURAL and give tov
ZION	HILL CON	VALESCI	ENT HOME		RESS (If rurol, giv		
				1219	W. Fa:	yett	Street
5. SEX	6. RACE		ARRIED, NEVER MARRIED	B. DATE OF BIRT	H 9. AGE	(In years	If Under 1 Yr. Months Doys
Femal			Widowed	mar:16,	1881	(In years	
	CCUPATION (Give		KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE	State or foreign coun	try)	12. CITIZEN OF WHAT COUR
Hous	se Wife		omestice	Virgini			U.S.A.
13. FATHER'S	NAME			14. MOTHER'S M			
TA	6 W	ard		ann	ra P		
5. Wos Dece	sed Ever in U. S.	Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		2753 W	inchestei
No	,		None	Oliver F	Roberts,		ltimore,
1B. 44	20,11			SE OF DEATH	,		INTERVA ONSET A
DI	EASE OR COND		Y	2	- 01		
171 1	LEADING TO		(A) /4	ear on ary	Duraffice	iency	144000
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neori fail	ure, aslhenio, elc	. Il meons me	1120.20'				
	ure, asthenio, etc complication whi		n.)	1 1	11 11	1 0	V1 2 + 1
		ch caused deal	(B) 17	steriosiler.	tic Hyper	tensine	3+7
injury or	ANTECEDENT	ch caused deal	(B) A	steriosiler.	tic Hypras	tensine	3+7
DISEASE	complication whi	ch caused deal T CAUSES ONS, if any,	(B) A DUE TO	steriosiler.	tic Hyman	tousine	3+1
DISEASE	ANTECEDENT S OR CONDITIE	ch caused deal T CAUSES ONS, if any, ause (A) stati	(B) A DUE TO	sterio siler.	tic Hyman	tousine	3+1
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BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) ERICK FOULK 12:05 a M. March 4, 1965 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If autside carparate limits, write RURAL and give township HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rural, give location) Union Memorial 520 Orkney Rd. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Manths, Oays, Haurs, Min. WIDOWED, DIVORCED (specify) last birthday male white 73 Nov. 4, 1891 Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF dane during most of working life, even if retired) WHAT COUNTRY? Maryland Engineer Foundry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilson M. Foulk Kate Bond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16, SO CIAL (Yes, no ar unknown), (If yes, give war ar dates of service) SECURITY NO. Mrs. Gertrude T. Foulk unknown No. 520 Orkney Rd. 12. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Conflagration with asphyxia (This daes not mean the made of dying, e.g., heart failuse, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES carbon monoxide poisoning DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Acute ethylism CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No MEDICAL 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact lacation) hame, form, factory, street, affice bldg., INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. Home 520 Orkney Rd. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Manth) OF INJURY NOT WHILE 65 Caught in house fire I certify that I held on Inquiry Inspection X Autopsy ond that on this bosis, death in my opinian resulted from: Natural couses Accident 5 Suicide Homicide \_\_\_ Undetermined monner

ACTUAL SIGNATURE.

23B, DATE

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 3-4-65

EXAMINER'S Rudiger Breitenecker NAME (Type) 23A. BURIAL CREMATION,

23C. NAME of CEMETERY OF CREMATORY

23D. LOCATION

-3801 Ereder:

(City, town, or county)

Avenue,

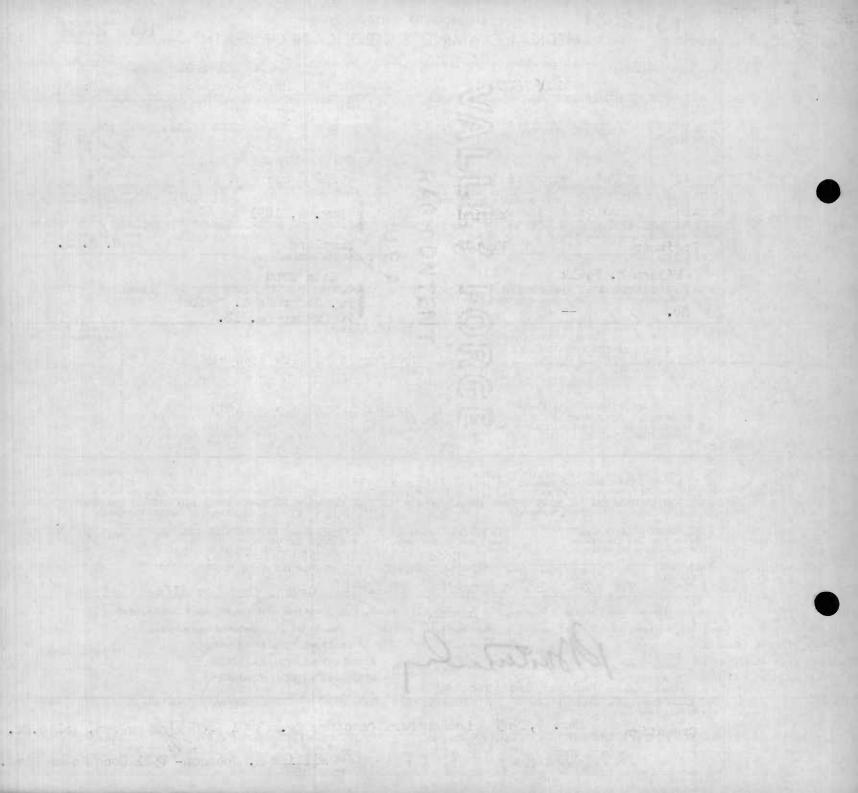
Balto Mc.

Mar. 5.1965 Loudon Park Cemetery Co. 248, NAME OF REGISTRAR

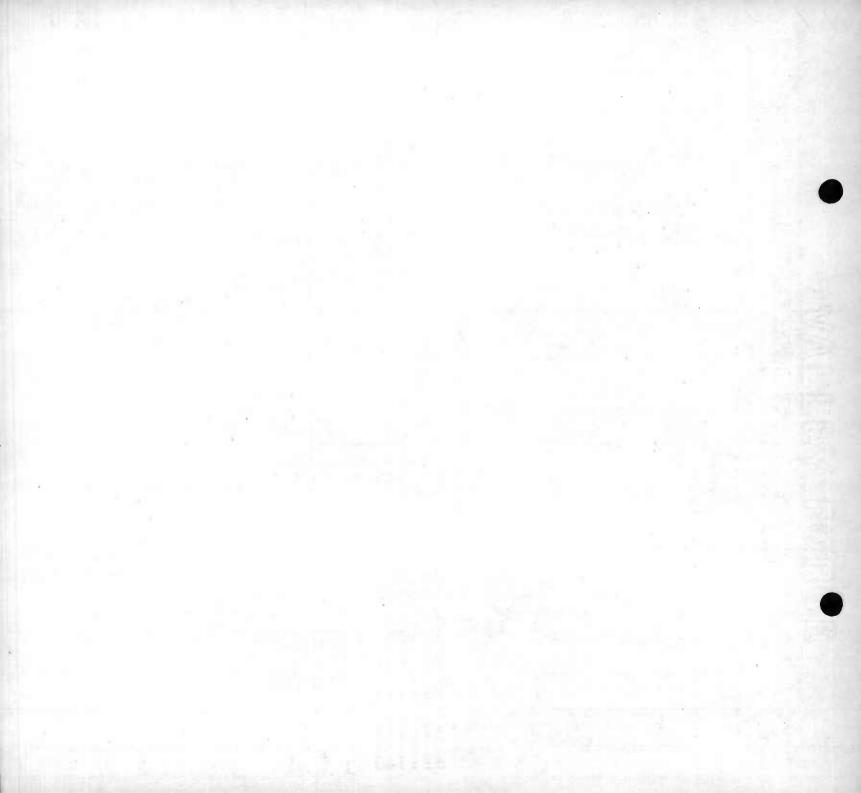
William E. Johnson- 8521 Loch Raven Blvd.

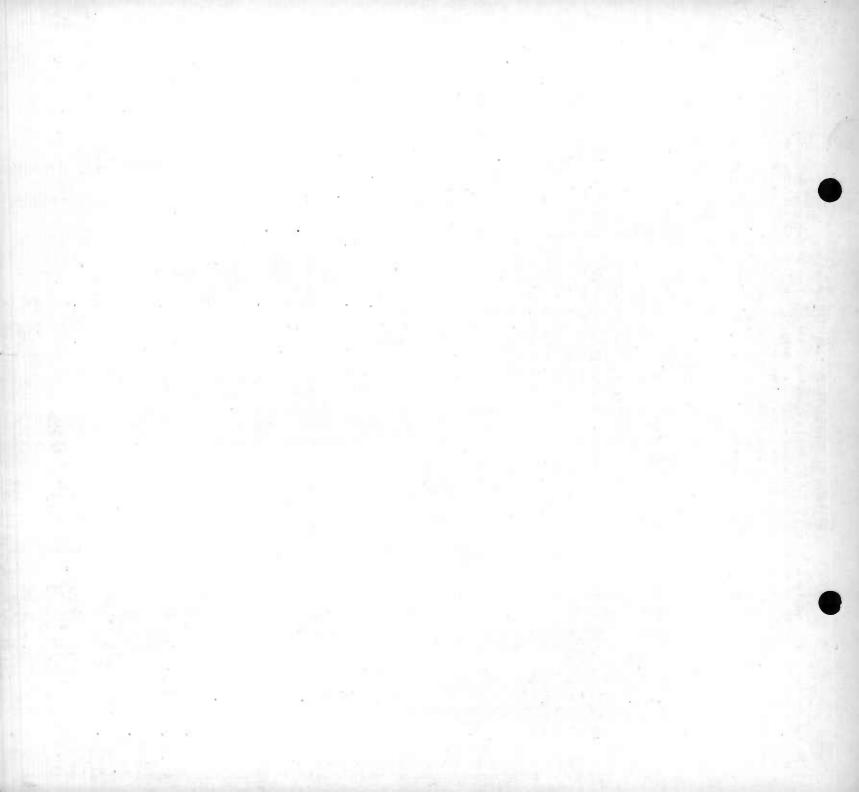
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REMOVAL (Specify)

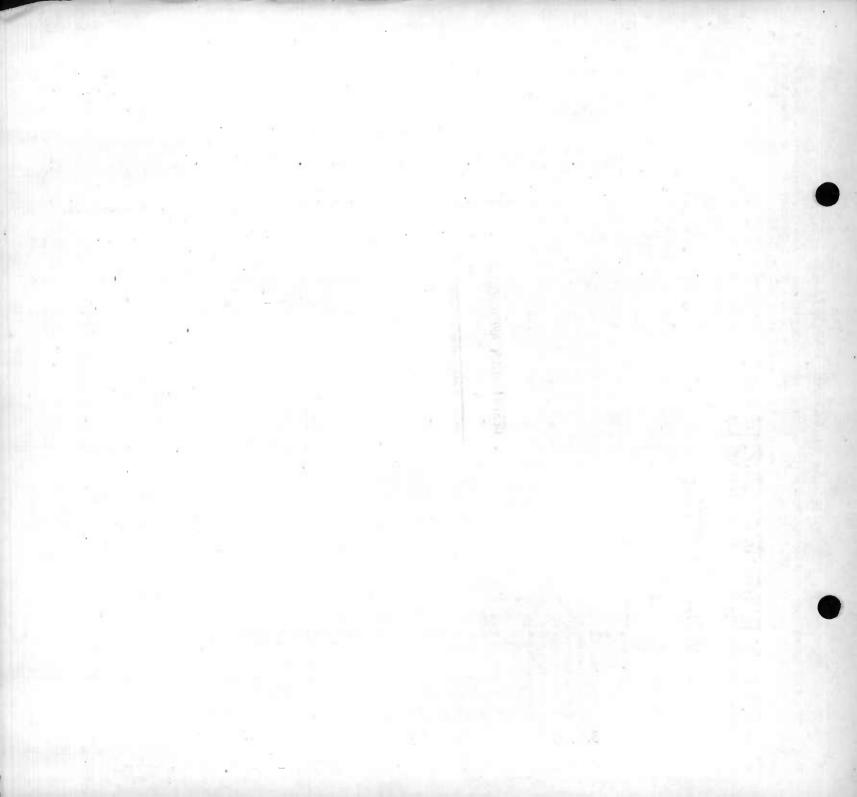


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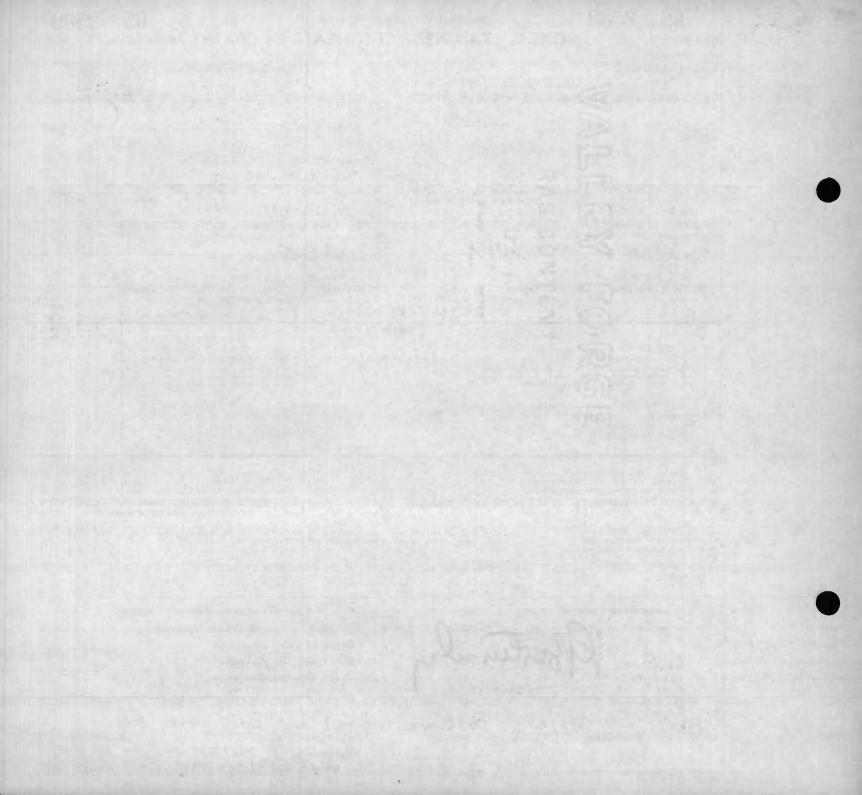




M.E. CASE NO.			2. DA1	E AND HOUR OF DEATH	Н	
Type or Print)		ZABETH SCHLAUCH	Ma	rch 5, 1965	M	
3. PLACE OF D	EATH IN BALTIMORE, M	ARYLAND	March 5, 1965  A. USUAL RESIDENCE (Where deceased lived. II institution; residence before admission)  A. STATE  B. COUNTY			
FULL NAME		l or institution, give street	Marvland		2400	
INSTITUTION	eddress or locoti	on)			RURAL ond give township)	
2			Baltimore	(If rural, give location)		
	1113 E Cr	indall St.		indall St.		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
Female	White	WIDOWED, DIVORCED (specify)	5/15/78	lost birthdoy)	Months Doys Hours Min.	
		Widowed  ork 10B. KIND OF BUSINESS OR INDUSTR	1 11, BIRTHPLACE (Stote o		12. CITIZEN OF	
200 200 5	ol working life, even if retired		Hum	ıgary	WHAT COUNTRY? U.S.A.	
Nom		Housewife	14. MOTHER'S MAIDEN		0 5 A	
		× 5		2		
5. Was Decease	ad Ever in U. S. Armed F	ASTES 10:	17. INFORMANT	3	ADDRESS	
Yes, no or unknow	vn) (II yes, give wor or do	orces?		0	A DE RES	
No		EX GO	Family	- Same		
18. 24 9	0.0175	10800 018	OF DEATH		ONSET AND DEATH	
DISE	ASE OR CONDITION D	DIRECTLY A DO	onthe med	66.11		
	nal mean the made o	of dying, Q., DUE TD	an juan	a or ing soul	Jin a	
	e, asthenia, etc. It mear implication which cause	ns the disease,		- 11		
	ANTECEDENT CAUSE	s in an	ent july	( Heart)	18.28	
DISEASES	OR CONDITIONS, if					
rise la	he abave cause IA	any, garg		0 0 m 0 0 0 0 0 m 0 m 0 m 0 m m m n 0 m 0 0 0 0		
UNDERLYII	NG CONDITION last.	-				
Z DAUGR SIG	II	CONTRIBUTING	, , ,			
DISEASE D	NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	LATED TO THE TRACK	1 st. His	7		
19A. DATE	OF OPERATION 198. CO	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES. WERE	FINDINGS CONSIDERED	
19A. DATE O	1911 WAS PE	REFORMED AIGHT AND		IN CERTIFYING C	AUSES OF DEATH?	
OR CONTEL	ENT WAS UNDERLYING	21B. PLACE OF NJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE D	P7	ore City, give exact location)	
▼ DEATH (To)	ly medical examiner h	e etc.) ; /	13	738 600	indull A. Balti	
0 21 D. TIME	(Month) (Doy) (Year	(Hour) 21E INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	7,0	
OF INJURY	Vhan 156	C965 While At Work At Work	10 A Tull	an Il		
22 1		al) attended the deceased from	716 1	19 ( Ti to	March 5 1065	
that (1) (	A lost som the gosbit	sed alive an Manh				
					pinian death occurred on the date	
ond hour a		ated abave. (I) (We) (did) (dld nat)	view the bady after de	oth.	OOR DATE SIGNED	
		of MAIA	tending Add r	Stoff -	23 B. DATE SIGNED	
220 2444	Dica do	1 6- 3 C	Med. pirector [	Stoff Phys.	5/0/41	
23C. PHYSIC NAME			23D. ADDRESS	( , , , , , , , , , , , , , , , , , , ,	Pelf1.31 m.	
			1228 5.06		Cecillis in	
24A. BURIAL CI REMOVAL	(Specify)	24C. NAME of CEMETERY of C	REMATORY 24		City, town, or county) (State)	
В	3/9/65	Holy Cross		Baltimore		
25A. DATE REC'	D BY HEALTH DEPT.	258, NAME OF REGISTRAR LANDING MA	25C. FUNERAL DIRE		ADDRESS	
	ARTER II TOUR	CIVILLE THE SE'S ATTYTATIONS OF THE	(NO(01) 177 -	HIMIT Fromt	mm manage of	
	MAR 9 1965	1 (1 Change of 1 10000)	BICOGILLY -	T30 E. Fort A	ivenue	



B 52	65 2539  BALTIMORE CITY HEALTH DEPARTMENT  65 2539  BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.								
<b>P</b> • • • • • • • • • • • • • • • • • • •	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  THOMAS BUNAS (GUS PETROU BUNAS)  March 4, 1965  12:40 p. M.								
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Maryland  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write BURAL and give townships)								
00	HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  Baltimore  D. STREET AL DRESS (If rurol, give location)								
	2410 Fairmount Ave 2410 Fairmount Avenue  S. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs.								
	male white WIDOWED, DIVORCED(specify) 2-25-95 lost birthdoy) Month's Doy's Hours Min.								
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME								
	Un Known  15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL 17. INFORMANT ADDRESS								
	Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  217-12-9080  Anthony Karageorge  217-12-9080  Anthony Karageorge  2914 E. Baltimore St., Baltimore, Md.								
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Arteriosclerotic cardiovascular disease								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED (IN CERTIFYING CAUSES OF DEATH?  Yes  Yes								
	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB- UTING OF DEATH.								
	OF INJURY (APPROX.)  MHILE AT NOT WHILE  AT WORK  AT WORK								
	1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined manner								
	ACTUAL SIGNATURE EXAMINER'S  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  3-4-65								
	NAME (Type)Rudiger Breitenecker  23A. BURIAL CREMATION, 23B. DATE   23C. NAME of CEMETERY or CREMATORY   23D. LOCATION (City, town, or county) (Stote)  REMOVAL (Specify)   D.								
	Burial 3/8/65 Baltimore National Com, Baltimore, Md.  24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR  MAR 9 1965 Politic E. Farberth Nicholas T. Matthews								
	MAR 9 1900 Polyett E. January 3021, Eastern Ave., Bultimore, Md.								



**DIRECTOR:** 

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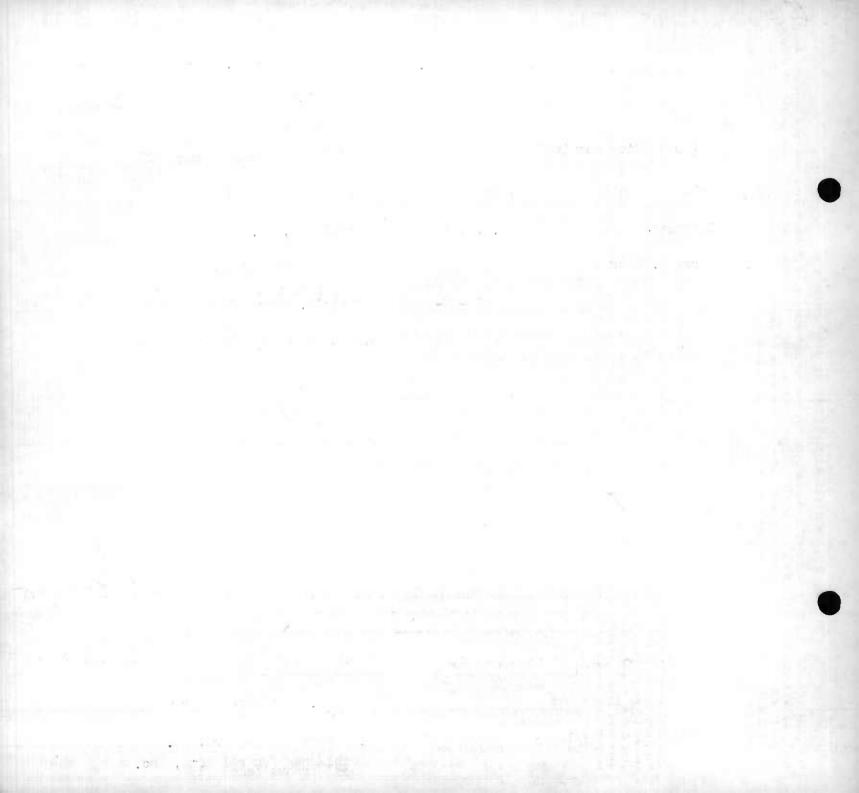
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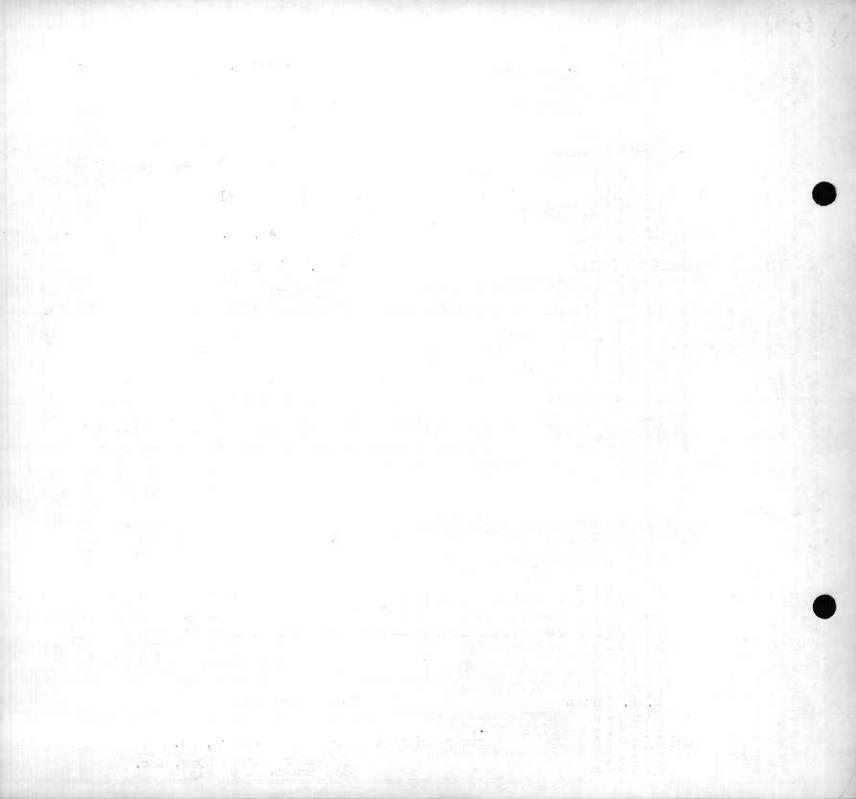
BALTIMORE CITY HEALTH DEPARTMENT

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A. w. Me



			BALTIMORE CIT	TY HEALTH DEPAR		CE OF AF		
BIRTH NO.	65 2545		CERTIFICA	ATE OF DE	EATH Registered N	. 65 2545		
M.E. CASE NO.	CEASED				2, DATE AND HOUR OF DEAT	TH .		
(Type or Print)		TONETT						
3. PLACE OF DE	AMANDA R. PL	ARYLAND		14. USUAL RESID	March 7, 1965	10:10 am		
				A. STATE	B. COUNTY	7/13		
FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR oddress or location)				Maryland 1600				
HOSPITAL OR	oddress di lucuii	0117		C. CITY OR TOV		te RURAL and give township)		
)				Baltimo				
3323 D	udley Avenue			D. STREET ADDI				
					dley Avenue			
5. SEX	6. RACE		D, DIVORCED (specify)	8. DATE OF BIRT	lost birthday)	Months Doys Hours Mi		
female	white	widow	ed	6/2/1873	. 91			
			F BUSINESS OR INDUSTI	RY 11. BIRTHPLACE	(State or fareign country)	12. CITIZEN OF WHAT COUNTRY?		
	f warking life, even if retired)		home	Pinor Di	nine Wa	WHAT COOKING		
housewif		at l	home	Piney Plains, Md.				
	l Hartley			Mary E.				
	d Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT (daugh	iter)	ADDRESS		
			none		nell Goetzke 332	3 Dudley Avenue		
18. 4/	- 17			OF DEATH	The state of the state of the	INTERVAL BETWEEN		
DICEA	SE OR CONDITION D	Int art v		0	. 11 11 7	ONSET AND DEATH		
UN DERLYIN	G CONDITION lost.  III  IIIICANT CONDITIONS DEATH BUT NOT REL	CONTRIBUTIN	G	(YUX)	, Duffl	Meclion		
A DISEASE OR	CONDITION CAUSING	IT.		154				
ERT O		RFORMED	WHICH OPERATION	ZUA. AUTOPSI	Y? (Yes at Na) 208, IF YES, WEI IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 E han etc.	3. PLACE OF INJURY (e.g., ne, farm, factory, street, .)	office bldg., INJURY	HERE DID (If in Baltin	nore City, give exact lacation)		
0 21 D. TIME	(Manth) (Doy) (Year	) (Hour) 21 E	INJURY OCCURRED	21 F. HO	OW DID INJURY OCCUR?			
S OF INJURY		W	nile At Nat W					
	40.4.	We		nx -		21 1		
22. I certify	y that (1) (th <del>is haspit</del>	at) offended t	the deceased from	2/11	19 25 to	3/7 196		
that (I) (we	last saw the deceas	sed alive an		196	and that In (my) (aur) o	apinion death accurred an the		
ond haur or	nd from the causes st	ated above. (	1) ( <del>Wa)</del> (did) (di <del>d noi</del> )	view the body of	fter death.			
23A. SIGNAT	URE 01	201				238, DATE SIGNED		
	7-11	MIN			Aed. Stoff Phys.			
23 C. PHYSICI		1 Cur		23D. ADDRESS	noon Car Thys. Car			
NAME (	Type)				adman Assesse			
L.	B. Stevens		M.C		rdman Avenue			
24A. BURIAL CR	EMATION. 248. DATE	. C+	Thomas Epi		24D. LOCATION	(City, tawn, ar county) (Sta		
Burial	3/11/		resbyterian (		Hancock, Md.			
25A. DATE REC'I	BY HEALTH DEPT.		OF REGISTRAR	25C, FUNERA	L DIRECTOR	ADDRESS		
	MAR 9 1965	1. O. R.	E stalls MA	3331 Br	nek Funeral Home, rehms Lane #13	inc.		
1	1000	NI DOWN	C. Acordeove and	LANT DI	CHING TOTLE #13			

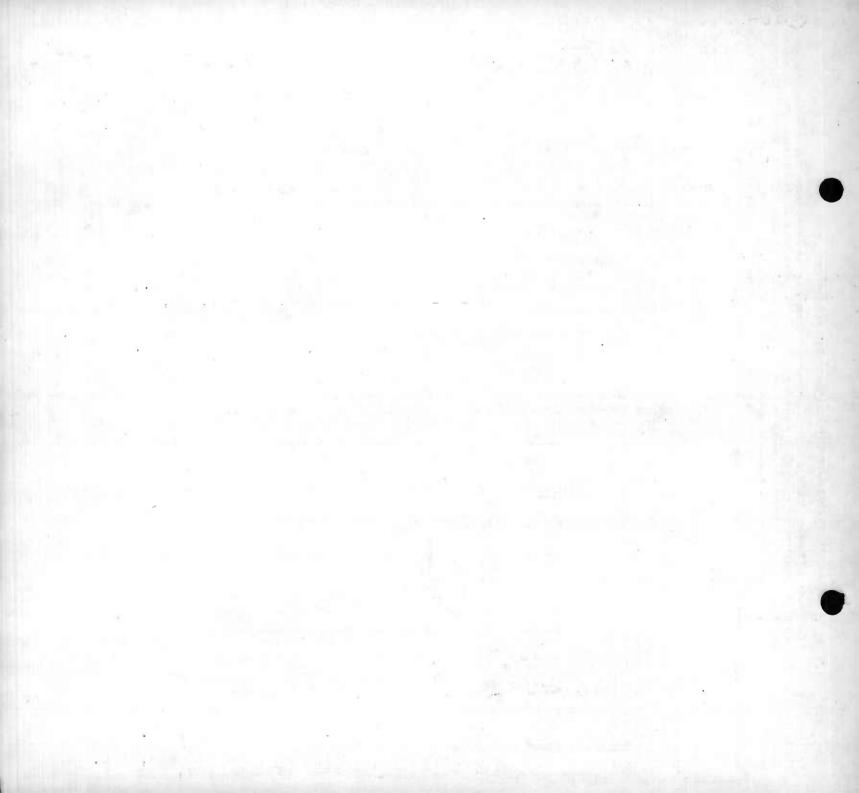


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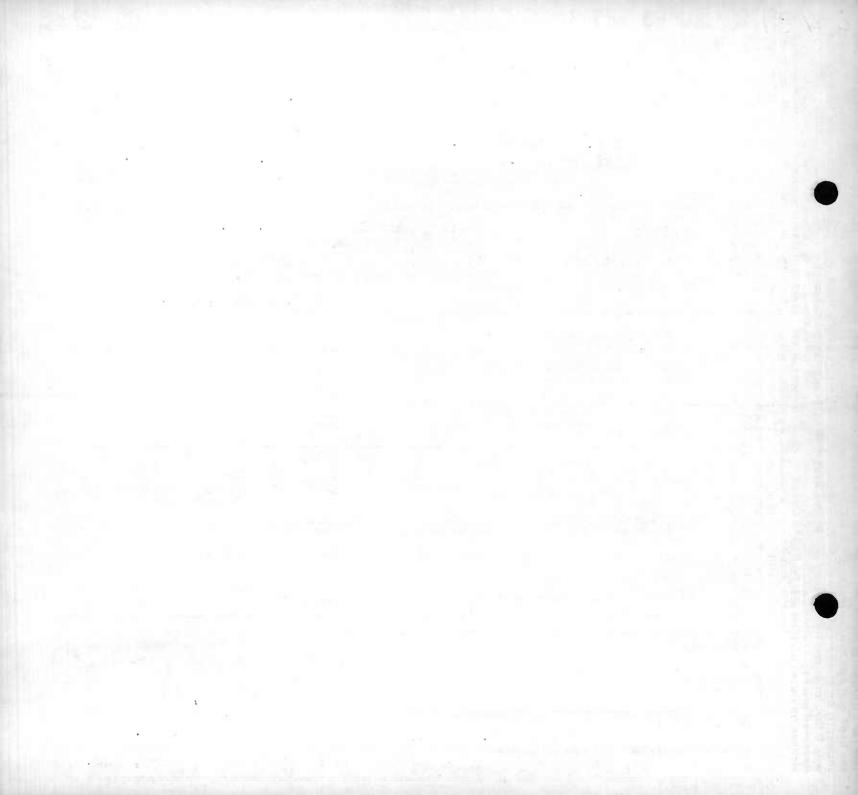
DIRECTOR:

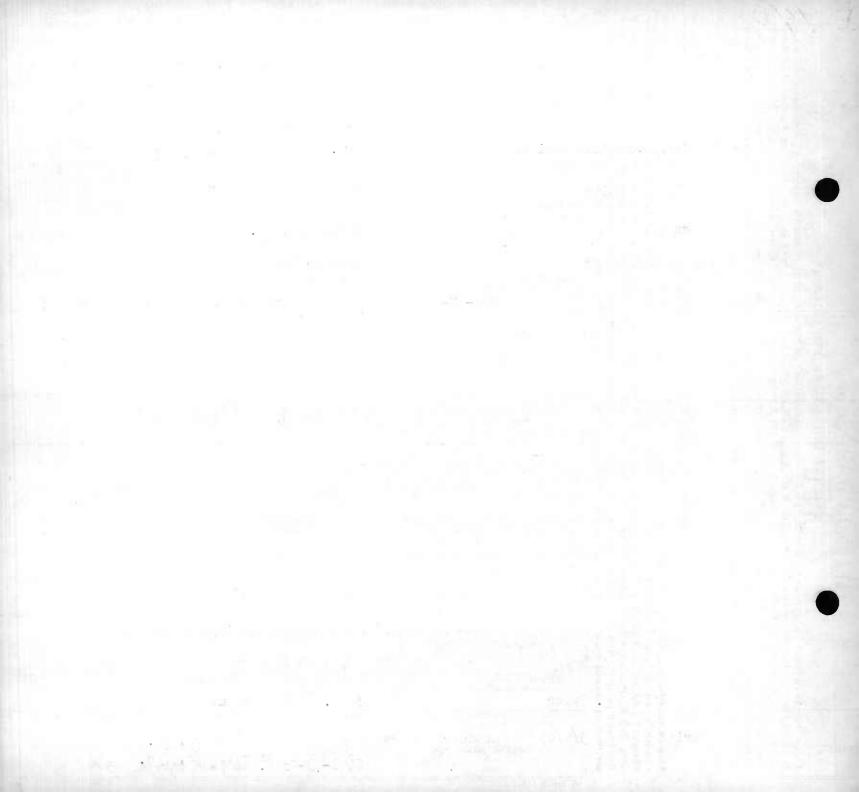
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



Mary and John Selection Dieterch Kahl Sour word Joe Hyan Schn





IMPORTANT FUNERAL DIRECTOR: BIRTH NO.

Il Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS ST. AGNES HOSP. WILKENS & CATON AVE. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) .....and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED 29.MD VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

A COLUMN AND A

Parisage Same as

THE LOCAL PROPERTY WILLIAM SERVICE AND

DIRECTOR:

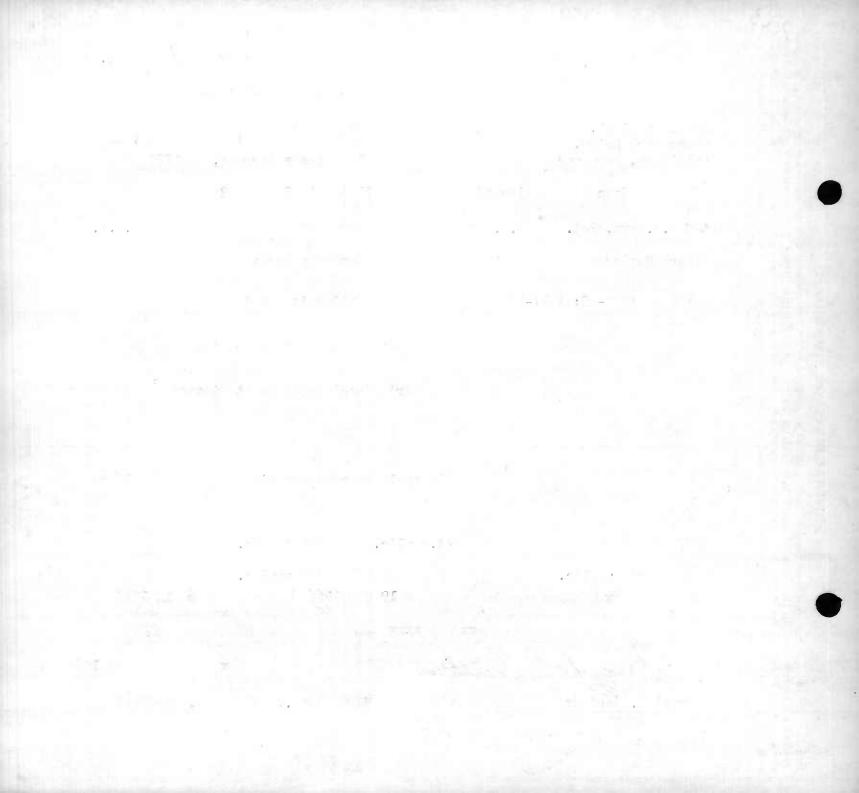
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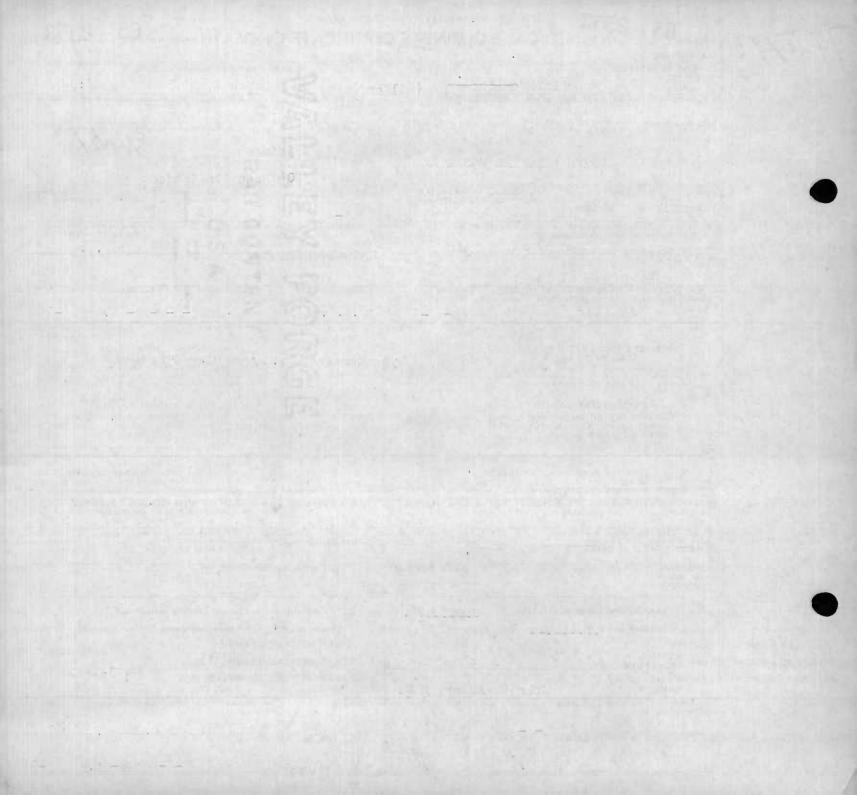
AREA FOR AREA STAN

74/12 15

6	55 2552		BALTIMORE CITY	HEALTH DEPARTMENT		65 2552	
BIRTH NO.	0 4004		CERTIFICA	TE OF DEATH	Registered No	00 CUUZ	
ME CASE NO.	CEASED				AND HOUR OF DEATH		
T D. L		OMAS A	LBERT	6 MAF	1965	9:06 A	
	EATH IN BALTIMORE, MA			A STATE B. COL	here deceased lived. If in JNTY Baltimore	stitution: residence before admission	
FULL NAME HOSPITAL OR INSTITUTION TICOUS U	oddress or location		give street			URAL ond give township)	
USPHS He					If rural, give location)	90.00	
	ark Drive, re, Maryland			1244 Ledds Te		7 Å	
DOLT OTHIO	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs	
MALE	Cauc	Widowe	D, DIVORCED (specify)	11 APR 1882	lost birthdoyl	Months Days Hours	
	UPATION (Give kind of work f working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	Navy, Ret.	U.S.	Navy	Maryland	U.S.A.		
3. FATHER'S NA				14. MOTHER'S MAIDEN N			
Albert H	Rutledge			Josephie Jack	kson		
	d Ever in U. S. Armed Far		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
YES	1900-23; 194		219-01-9481	Patient's Cha	art		
18. 42 DISEA	ASE OR CONDITION DIE	PECTLY	' CAUSE O	F DEATH		ONSET AND DEATH	
	LEADING TO DEATH		(A) Acut	e Myocardial Tr	nfarction	2 days	
heart failure	, asthenio, etc. Il meons	the diseose,	00110				
injury or co	mplication which caused	deoin.)	Arte	riosclerotic He	eart Disease	15 years	
	ANTECEDENT CAUSES		DUE TO	A			
	OR CONDITIONS, if he above couse (A)		(C)				
	IG CONDITION last.				00 00 00 0 00 00 00 00 00 00 00 00 00 0		
	11						
E TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO TH	IF	Bronchopneumoni	ia	15 days	
19A. DATE C	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE F	INDINGS CONSIDERED	
NONE	WAS PER	FORMED		YES	YES	JSES OF DEATH?	
OR CONTRIE	ENT WAS UNDERLYING DE CAUSE OF	21E	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?		City, give exact location)	
DEATH (notif	ly medical examiner NO	etc	Not.applic		lic.		
OF INJURY	(Month) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?		
OF INJURY	Not applic.	WH	nile At Not While	° □ Not app	lic.		
22 1 coreif	w that MV(this hasnital	) attended t	he deceased from 19	FEB 1965	19 to 6 MA	R 1965 19	
				12			
	) last saw the decease			riew the body after death		nion death accurred on the dat	
23A. SIGNAJ		rea abave. (	1) <del>( •••</del> ) ( 010 ) ( <del>010 -1101)</del> V	new the body offer death	10	23 B. DATE SIGNED	
	7	118	M.D. Atte	ending Med.	Stoff		
23C. PHYSICI	ANS IL	1. Da	ALTO Phy	s. Director 23D. ADDRESS	Phys.	6 MAR 1965	
Frank	. 1		M.D.	USPHS Hosp., I	Baltimore, Man	rvland	
4A. BURIAL CR	EMATION, 248. DATE	24C. N	AME of CEMETERY or CRI			ly, town, or county) (State)	
BURGAL	3-9-1	965 R.	ot note	Contin R	at	minhall	
5A. DATE REC'	D BY HEALTH DEPT.	258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	OR	ADDRESS	
	MAR 9 1965 (	Robert	E tailey A.A.	Cours ma	ic Nably -3	1 Freduck Rd	
/S 150-REV. 1/1	/65					-25-	

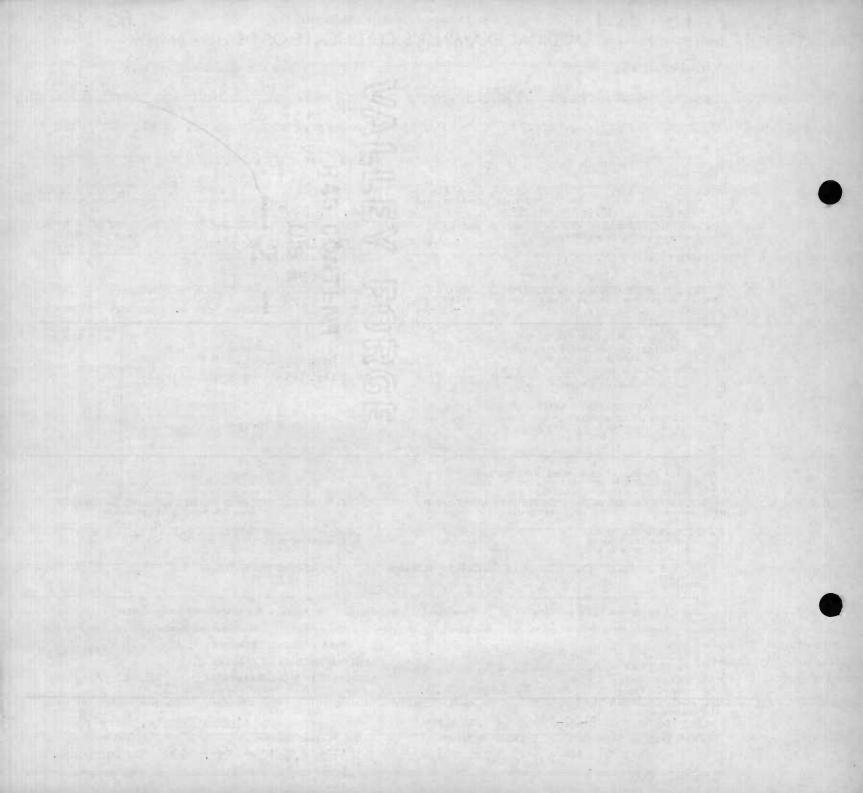


05	2553		BALTIMORE CITY HEAL	TH DEPART	MENT		00	
BIRTH NO. DO	MED	ICAL EX	AMINER'S C	ERTIFIC	ATE OF	DEATH Registe	C.S.M bor	2553
M.E. CASE NO.		C.			M 5000 55			
1. NAME OF DE	CEASED	LIN HALF	ORD.			ID HOUR PRONOUNCE	ED DEAD	
		LEN HALE		fbre		rch 2, 1965		5:50 A.
3. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOL	INCED DEAD	A. STATE	ESIDENCE (Where	deceased lived. If insti B. COU	itution: reside INTY	nce before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	C. CITY OR	Marylan	de corporote limits, write	RURAL ond	give township)
/					Baltimo	re	7-	0/
	UNION MI	EMORIAL I	HOSPITAL	D. STREET A	DDRESS (If rure)	, give location)		
					501½ Ea	st 42nd Stre	eet	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	If Under 1	Yr. If Under 24 Hr loys : Hours   Min.
Female	White		er married	Sept-?	/1899	65	1410111113	oys Trools Tville
		rk 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Slote or forei		12- CITIZEN	
2.11	working life, even if retired)			m				COUNTRY?
3. FATHER'S NAM		1	irsing	1'enn	MAIDEN NAM	\E		U.S.
	ould not asce		116. SO CIAL	17. INFORMA	ld not as	certain	ADDRESS	
	(If yes, give war or dot		SECURITY NO.					
no	no		466-10-70041	rs. W. W	. hite(fr	iend)500-2-1	2-15-2f	. City-18
1B. 11	Lay.		<u> </u>	OF DEATH			- 10	NTERVAL BETWEEN
DISEA	SE OR CONDITION D	NBCCTI V					0	ONSET AND DEATH
	LEADING TO DEAT	H	Hyp	ertensi	ve cardio	vascular dis	sease	
(This does	not meon the mode o e, osthenio, etc. It meon emplication which caused	of dying, e.g.,	DUE TO		V.CCGI GI	Vagourar are		
injury or co	implication which coused	deoth.)					-	
	ANTECENDENT CAUS	: = 5			L.			
	OR CONDITIONS, IF		(B)					
RISE TO TH	HE ABOVE CAUSE (A) S	STATING THE	202 10				1001	
_	NO CONDITION LAST.		(C)					• • • • • • • • • • • • • • • • • • • •
2	II.				7			
OTHER SIG	NIFICANT CONDITIONS						19 18 18	
DISEASE O	DEATH BUT NOT RE		HE	*		••••••••		
F	F OPERATION 198. CO		WHICH OPERATION	20A. AUTO	PSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS COL	NSIDERED
Ö	WAS PE	RFORMED		NT.		IN CERTIFYING CAUS	SES OF DEAT	rH?
	AL CAUSE WAS	218,	PLACE OF INJURY (e.g.,	in or obout 21	C. WHERE DID	(If in Boltimore City, air	ve exoct loca	otion)
	OR CONTRIB-	home etc.)	, form, foctory, street, o	ffice bldg., IN.	URY OCCUR?	,		
<b>=</b>								
OF INJURY	(Month) (Doy) (Ye	or) (Hour) 2	1E. INJURY OCCURRED	21	HOW DID INJ	URY OCCLIR?		
(APPROX.)		m. V	VHILE AT NOT	ORK		1		
22.								
			Inspection X Aut	opsy	ond that on th	is bosis, deoth in m	ny opinion	
resu	Ited from: Notural co	ouses X A	ccident Suicid	Hor	nicide 🗌	Undetermined monne	er 🗌	
	1.	. 1		CHIE	MEDICAL E	XAMINER -		
ACTUA		Klyl	KINA		MEDICAL E			DATE SIGNED
SIGNAT		170	M.D.				3	3-2-65
EXAMII NAME (		John F	Adams, M.D.	A330CIA I	E MEDICAL E	AMINEK		
23A. BURIAL CRI			C. NAME of CEMETERY of	CREMATOR		LOCATION (City,	town, or cou	unty) (Stote)
REMOVAL (Specia		20				, , , , , , , , , , , , , , , , , , , ,		
buria			Lorreine		******	oll m. Palt	0.00 1	1. 21207
24A. DATE REC'D	BY HEALTH DEPT.	-   6 - 1	OF REGISTRAR	24C. FU	NERAL DIRECTO	R	AD	DRESS
	MAR 9 196	5 Cole	2 E' donnen in	S.L. Corre	mt # 2500	100 Co 100 tr	77 a 21 1 1	A
VC 151 PEV 171	115	7 /	500	1	1 1	en Co 198-Y-	- 0 1° 7 10 ac	-17. J -77-1
VS 151-REV. 1/1.	/63	-		Gas 5	0 0			

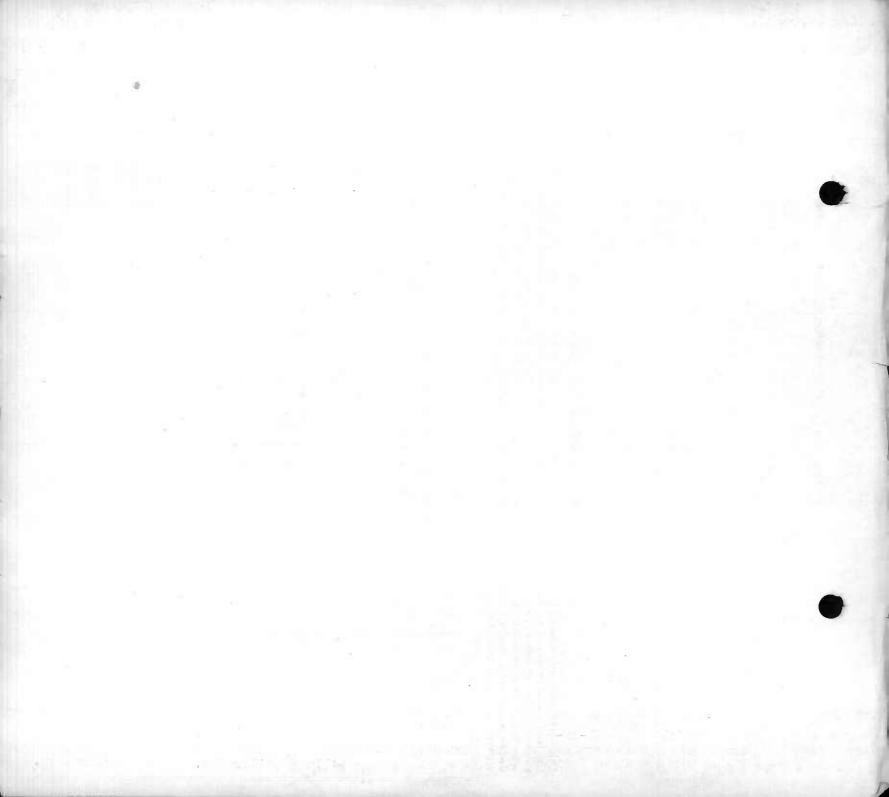


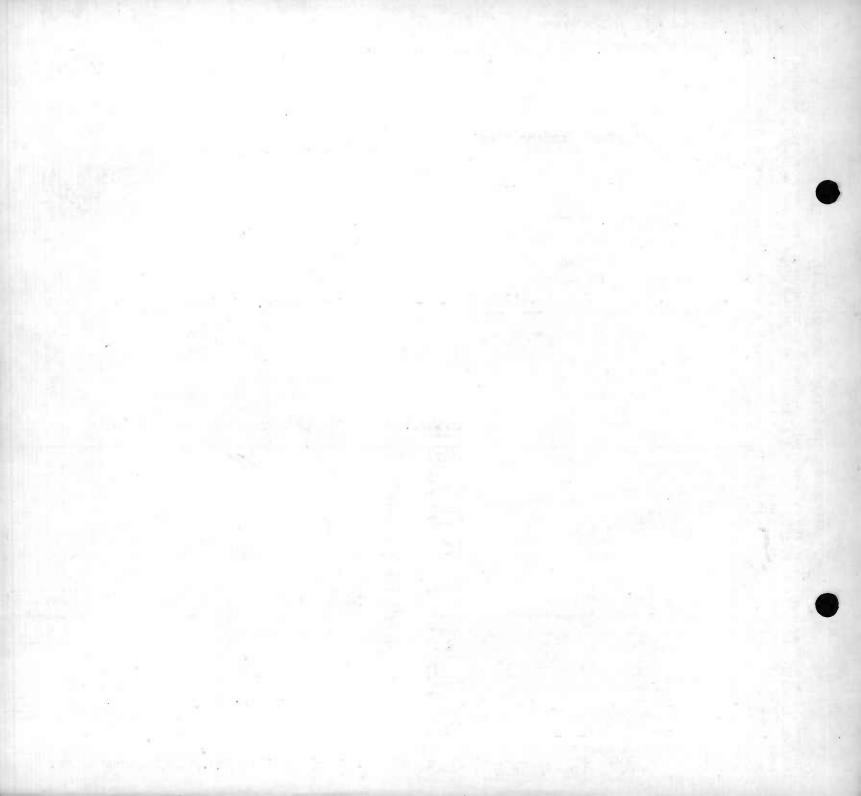
VS 151-REV. 1/1/65

T -13		2554	BALTIMORE CITY HEA			65 2554			
1.060	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.								
	1. NAME OF DEC	EASED			2. DATE AND HOUR PRONOUNC	ED DEAD			
	(Type or Print)	Wilbart	E. Thamert		March 6, 1965	10:30 A. M.			
	3. PLACE IN BALT		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission					
	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET		Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	HOSPITAL OR	ADDRESS OR LOCA	ATION)			e KUKAL and give township			
26		Church Home	S Hospital		altimore (ESS (If rurol, give location)	0/01			
30		Church nom	e & Hospital		406 S. Bond Street				
	5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.					
	Male	White	WIDOWED, DIVORCED (specify) Single	Nov. 3, 3	1907   lost birthdoyl	Months Doys Hours Min.			
	IOA. USUAL OCCL	JPATION (Give kind of wor	108. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF			
	done during most of v	vorking life, even if retired)	Lord Baltimore Hote	Baltin	more, Maryland	WHAT COUNTRY?			
	13. FATHER'S NAM	NE .		14. MOTHER'S MA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		John Than	nert	Cather	ine Gegner				
		O EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
1937	No	wyos, giro wor or core	ss of service) SECURITY NO. 219-05-5114	Charles 2	Charles Zimmerman 359 S. Cornwall Street				
	18. 4	2 V .	CAUSI	OF DEATH		INTERVAL BETWEEN			
	DISEAS	SE OR CONDITION DI	RECTLY			ONSET AND DEATH			
		LEADING TO DEATH	(A) Mass		ary embolism				
	heort toilure,	not mean the made of asthenia, etc. It means application which caused	the disease,	rombophleb	itis, left poplite	eal			
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
	z		(C)		***************************************				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
		OPERATION 198, CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED			
	0 2	WAS PER	FORMED	yes	IN CERTIFYING CAU	ISES OF DEATH?			
	Yes  21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  Yes  Yes  121B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? etc.)								
A TOTAL PARTY	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
	OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  AT WORK								
	22.								
	l certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinion resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner								
	resut	rea fram: Natural ca	uses Accident Suicio		de Undetermined mann	ier 🗀			
	ACTUAL		5. bl-0			DATE SIGNED			
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X  EXAMINER'S  ASSOCIATE MEDICAL EXAMINER March 7, 1965								
	NAME (		n E. Adams, M.D.	ASSOCIATE M	EDICAL EXAMINEN	11a1 cm 7, 1909			
	23A. BURIAL CREA	MATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	, town, or county) (State)			
	Burial	3-10-19	965 Oak Lawn		Baltimore Cour	nty, Maryland			
		BY HEALTH DEPT.	248 NAME OF REGISTRAR		AL DIRECTOR	ADDRESS			
	N	MAR 9 1965	Mobert E Marketing	O PILLY	& Zeiler Inc. 190	ol Eastern Ave.			



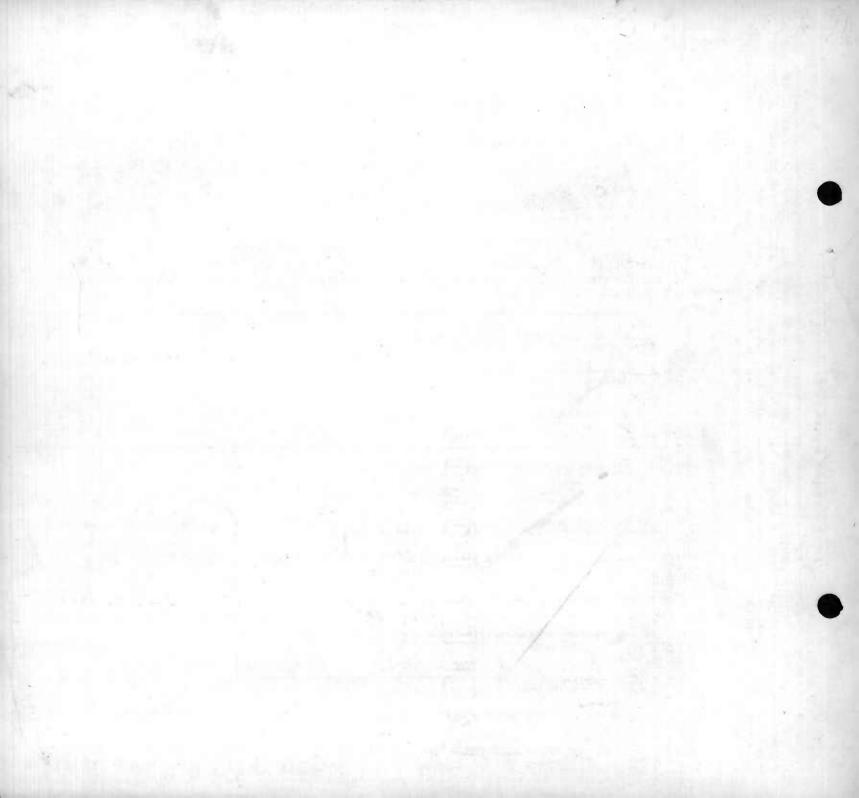
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 4. USUAL RESIDENCE (Where deceased lived. At Institution: residence before admission)
A. STATE
B. COUNTY death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance (5) cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR (If outside city limits, write RURAL and give township) attend INSTITUTION 0 0 occurred in prior D. STREET ADDRESS (If rutol, give tocotion) is made. contribut etermined ar 7. MARRIED NEVER MARRIED If Under 24 Hrs. Hours Min. B. DATE OF BIRTH 0 9. AGE (In years 5. SEX If Under 1 Yr. Months: Doys regul eceased WIDOWED, DIVORCED (specify) lost birthday 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Own Home Was 14. MOTHER'S MAIDEN NAME 13. FATHERS NAME the IMPORTANT eath ПО 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or doles of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. attendance 22hl Bank Street Kingsley Morgan No any CAUSE OF DEATH INTERVAL BETWEEN pronounced 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It meons the disease, regular DIRECTOR: injury or camplication which caused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the 8 physician the remains UNDERLYING CONDITION lost, medical edical MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. FUNERAL CERTIFICATION physician chief 20A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 0 WAS PERFORMED before 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) 3 where OR CONTRIBUTING CAUSE OF °Z MEDICAL hospital DEATH (notify medical examiner) etc. nature; obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY (except Not While While At (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased from MACC that (1) (we) )ast sow the deceased alive on M. A. C. C. ond that in (my) (aur) pinion death occurred an the date 19 / hospital eath) and hour and from the couses stated above. (1) (We) (did) (did nat) view the body ofter death. must 23B, DATE SIGNED 23A, SIGNATURE Attending Stoff M.O. Med. prior to Phy s. Director Phy s. approval 0 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) 24A. BURIAL (CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased 0.0 REMOVAL (Specify) Baltimore, Maryland 3-10-1965 Holy Redeemer shows: Buria Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1901 Eastern Ave. Zeiler Inc. VS 150-REV, 1/1/65

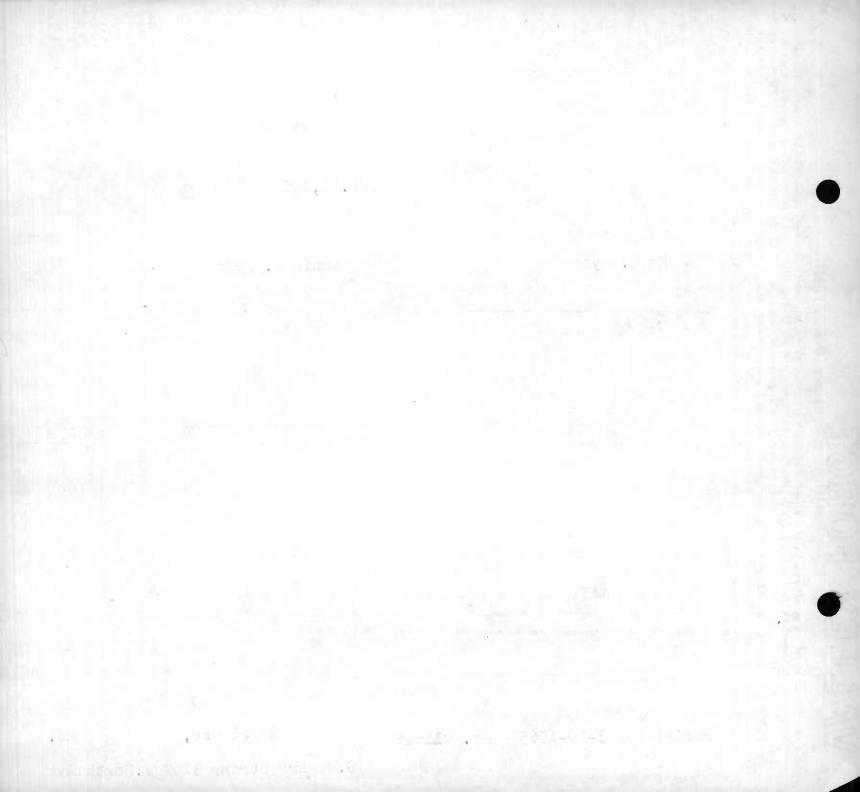




FUNERAL DIRECTOR: IMPORTANT	MPORTANT
Inis certificate must be approved by the chief medical examiner or his assistant it death occurred in a nospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of (	this assistant it death occurred in a nospitalise, if the direct or contributing cause of (
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dec	of any kind; (4) Undetermined cause; (5) Dec
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or	unced death was in regular attendance o
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.	ttendance on the deceased prior to death.
written approval must be obtained before the remains are embalmed or final disposition is made.	ed or final disposition is made.

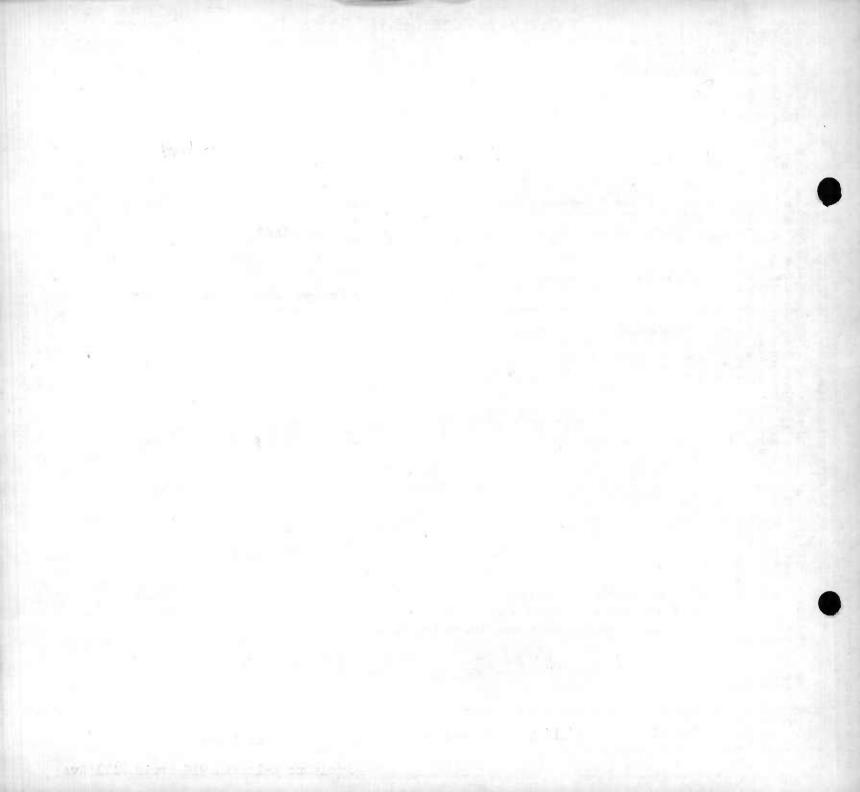
	105-04935	BALTIMORE CITY	HEALTH DEPARTMENT		05 05		
	тн но. 65° 2557	CERTIFICA	TE OF DEATH	Registered No.	65 2557		
1. N	E CASE NO.  IAME OF DECEASED  DE OF PRINTIPORTE  DABY GIRL	ROLAND		D HOUR OF DEATH	935		
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If insti	tution: residence before adn		
1	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If our	tside city limits, write RU	RAL and give flownship)		
6	Lutheran Hos	pital of	1 1 0 1 1 1	rurol, give location)			
5. S	SEX   6. RACE   7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. , If Under		
		OWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours		
	LUSUAL OCCUPATION (Give kind of work 108. KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?		
13. [	FATHERS NAME	an	14. MOTHER'S MAIDEN NA		mAS		
16.4	Joseph, J. C.	11/ 1201/1	Cars	me THO	,,,,,,		
(Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	18. 760.01	CAUSE O	F DEATH		INTERVAL BETWEE		
ATION	injury ar camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gives to the above couse (A) stating UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING	Pessible Hemurchage				
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	20 A. AUTOPSY? (Yes or No	O 20B. IF YES, WERE FIN IN CERTIFYING CAUS				
CE	21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	City, give exact location)		
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work					
	22. I certify that (1) (this haspital) attended the deceased from 2 2 19 5 to 2 2 7 5 19 5 that (1) (we) lost sow the deceased alive on 2 2 7 5 19 5 and that In(my) (our) opinion death occurred an the						
	ond hour and from the couses stoted obave. (1) (We) (did) (did not) view the body after deoth.						
H	23A. SIGNATURE	Milani M.D. Atte	ending Med. S. Director	Stoff Phys.	38. DATE SIGNED		
	23C. PHYSICIAN'S MOKHTAR MILAN	M.D.	23D. ADDRESS				
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) MAR 2 1965	C. NAME of CEMETERY AND CHE	VEDCITY ME	CATION MARCH.	to #1. (de Bounty) (S		
25A		ME OF REGISTRAL	2 MORTUAL	RY SERVICE	F BCHD		
VS	150-REV. 1/1/65			Juli 110	- DAILD		



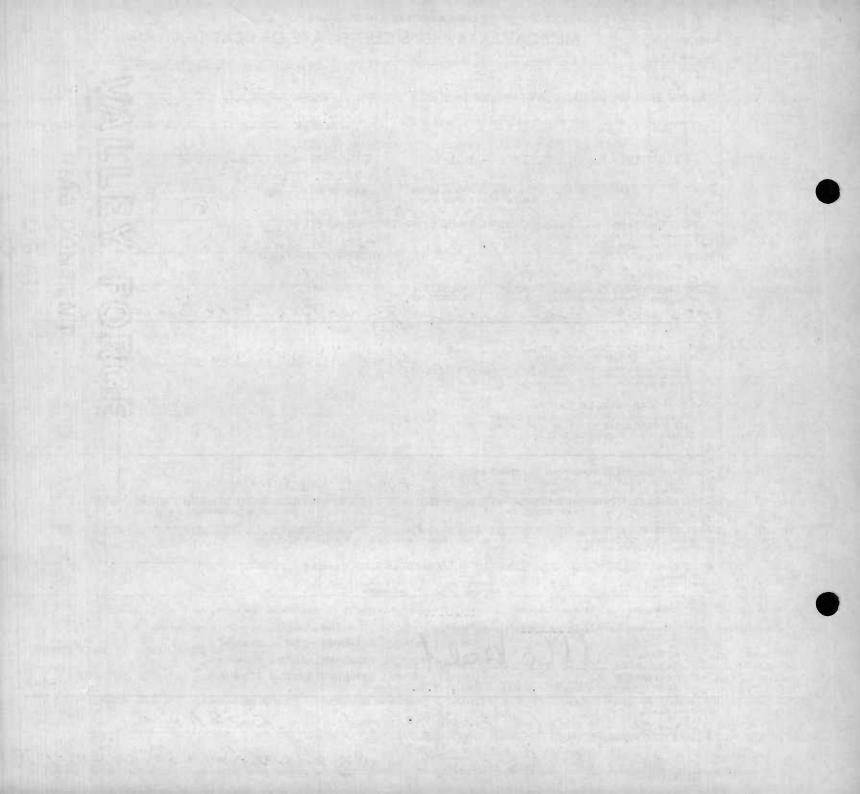


FUNERAL DIRECTOR: IMPORTANT

			CERTIFIC	ATE OF DEAT	H Registered No.	. Ul bulle
M.E. CASE NO.	ECEASED .		4	2. DA	TE AND HOUR OF DEATH	1 235
Type or Print)	Aris	e Gray	Thomas	5	15/65	900
PLACE OF D	EATH IN BALTIMO		1	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before
FILL MAAGE	OF (II not in	hasaital as institutio	a mun street	MA al	COOKII	17-
HOSPITAL O	FULL NAME OF (II not in hospital ar institution, give street HOSPITAL OR oddress or location) INSTITUTION			C. CITY OR TOWN	(Il outside city limits, write	RURAL and give township
/				BALT	Mad #1	7
11	v 0+1	h- /		D. STREET ADDRESS	(If rural, give lacation)	
					Myrtle AV	
S. SEX	6. RACE	WIDOV	ED, NEVER MARRIED VED, DIVORCED (specity)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Manths Days Hours
		nd of work 10B, KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
LANDLI	of working life, even il ANV	1007		Marris .	and a	U.SA.
3. FATHER'S N.	/			14. MOTHER'S MATOE	N NAME	
			2	11.00		2
5. Was Deceas	ed Ever in U. S. A	rmed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (It yes, give wa	r ar dates at service			James Abbot	Court
18. 4	0.11	a t.		OF DEATH		INTERVAL BET ONSET AND
DISE	ASE OR CONDITI		1	M	Tairner	1 10000
	not mean the m	node of dying, e.	g., (A) //	14 3 CARPIAL	- IN FAR 01 10	r Ecen
	e, osthenio, etc. 1 omplication which	t meons the diseo: caused death.)	5 e,	4		
				//		
	ANTECEDENT C	CAUSES	(B)	ARTERIOSCLE	POTIC CUP.	LONG STA
	ANTECEDENT (	CAUSES IS, if any, givi		ARTERIOSCLE	INFARCTIO	LONG STI
DISEASES rise lo	ANTECEDENT ( OR CONDITION the obove caus	IS, if any, givi se (A) stoting I	ng	ARTERIOSCLE	COTIC CV P	LONE STA
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DISEASES  (ise lo UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE (OF 1	ANTECEDENT OF CONDITION THE OBOY COURS NG CONDITION IN CALL OF OPERATION	AS, if any, giving (A) stoting	ING THE  R WHICH OPERATION  21B. PLACE OF INJURY (e.g. nome, form, foelery, sheet)  21E. INJURY OCCURRED  While AT Nat Work  At Work  At Work  (I) (We) (did) (did not)  M.D. A	20 A. AUTOPSY? (Yes  while control of the control o	or No. 208. IF YES, WERE IN CERTIFYING C.  DID III in Boltimo UR?  19 65 to 37  and that in (my) (aur) of eath.  Stoff Phys. 240. LOCATION 10	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locohors  Similar death accurred  238. DATE STONED



	1	65 2560 BALTIMORE CITY HEALTH DEPARTMENT 65 256	1
0	050	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	_
7	250	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD	=
		JOHN JACKSON 3-7-65 10:50 PM	
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE B. COUNTY	1)
	26	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION  Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give fownship)	2
5	54	FRANKLIN SQUARE HOSPITAL - DOA    Baltimore     Baltimore	-
	60	234 N. Gilmore Street	
	97	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months, Doys, Hours, Min.	
		Male Colored MEVER MARKIED HUC 121-1894 10  100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF	_
		WHAT COUNTRY?	
		13. FATHER'S NAME 1 SHIPYARD TRINCE GEO CO. UN 14. ST	-
		NOAH DACKSON EllEN	
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dgles of service) SECURITY NO.	
		YES W.W. I 220, 85478 LUCA BUSH 234 NGICMOR St	
		18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
		DISEASE OR CONDITION DIRECTLY	
		LEADING TO DEATH  (This does not mean the mode of dying e.g., DUE TO	
		heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	
		ANTECENDENT CAUSES	
		DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	••
		UNDERLYING CONDITION LAST.	
		O (C)	-
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Pulmonary tuberculosis DISEASE OR CONDITION CAUSING IT.	
		194. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED	
		No IN CERTIFFING CAUSES OF DEATH?	
		A   21A, EXTERNAL CAUSE WAS   21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)   linder   linde	
		21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
		(APPROX.)  m. WHILE AT NOT WHILE AT WORK	Marin Marin
		22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion	
		resulted from: Notural causes Accident Suicide Homicide Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED	
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
		EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.  ASSOCIATE MEDICAL EXAMINER 3-8-	55
		23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)	
		Burne 3/12/1965 But National But mo	
		24A. DATE REC'D BY HEALTH DEPT, 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	
		MAR 9 1985 Robert & Salley Man Face Allayor 63 FNG.cm ox	JO
		VS 151-REV. 1/1/65	= *



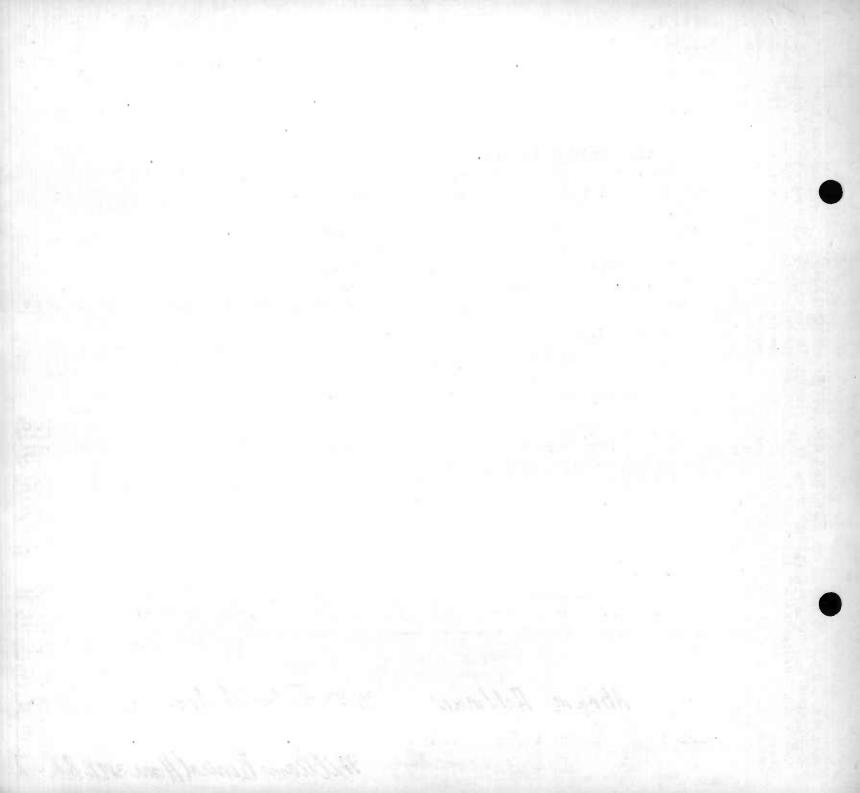
Por Farring the state of the s Blighe Hydron Wern DIE WOOLL AND SHIP Marylan Pollings & 35 rd Com s

Type or	E OF DECE	0.4				AND HOUR OF DEAT	Н
		FANCHON			3-	-7-65	4:30
. PLAC	CE OF DEAT	H IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (V	Where deceased lived. If DUNTY	institution: residence before o
	NAME OF			give street	MARYLAND		Pro Ota
	HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (II	outside city limits, writ-	e RURAL and give township)		
					BALTIMORE		2300
J	OHNS	HOPKINS HO	SPITAL		D. STREET ADDRESS	(If rurol, give location)	0.50.50
			I			RK ROAD	21212
. SEX		S. RACE	WIDQWED	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
FE	MALE	WHITE	NEVE	R MARRIED BUSINESS OR INDUSTRY	4-1-97	67	
lone dur	ring most of w	PATION (Give kind of wor orking life, even if retired)	MIUE KIND OF	BOSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	roreign country)	12. CITIZEN OF WHAT COUNTRY?
Cl	lerk -	Retired	Gas ar	d Electric	Baltimore, M	Maryland	
3. FATE	HERS NAM	E			14. MOTHER'S MAIDEN	NAME	
J	OSEPH	KUHNLE			ANNE MURE	нү	
5. Was	Deceased	ver in U. S. Armed Fo	rces?	16. SOCIAL	17. INFORMANT	***	ADDRESS
No.		None	es or service)	SECURITY NO.	Man T - 1	( 01: 1:	327 Dinkirk Ro
		MOHE		212-05-7154 CAUSE O	F DEATH	. Ulinedins	Balto . Md. 2
	33 (	OR CONDITION DI	DECTLY	CAUSE O	. DEATH		ONSET AND D
		EADING TO DEATH		SUV	parachnoid	Lemma	1e 7 dz;
		I meon the mode of		DUE TO	er o croju	ALC ANTO LIVED	(19)
		sthenio, etc. It meons					
	A	NTECEDENT CAUSES	S	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************
DIS				DUE TO			***************************************
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rise	SEASES OF	CONDITIONS, if	ony, giving	DUE TO			
UN	SEASES OF the IDERLYING	CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving stating the	(C)			
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2-17-15-1-1 and the second

FUNERAL DIRECTOR: IMPORTANT

M.E. CASE NO.	5 2563	CEDEUCIC	ATE OF DEATH	Registered Na.	65 2563		
I. NAME OF DE		CERTIFIC	AIL OF DEATH	1,4	· <del>- 100 (2000</del>		
	CEASED		2. DATE AL	NO HOUR OF DEATH	1		
(Type or Print)	Manu	E. Thompson		h 6,1965	2-2		
3. PLACE OF D	EATH IN BALTIMORE MA	ARYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission		
			A. STATE B. COUN	NTY	2 Se a 2		
FULL NAME		Md.		100 L			
HOSPITAL OR	addless or lacotio	on)	C. CITY OR TOWN (If ou	tside city fimits, write	RURAL and give township)		
)			Balto.				
			D. STREET ADDRESS (If	rural, give location)			
43	10 Springda	le Ave.	4310 Spri	ngdale Av	e.		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
Female	Colored	WIDOWED, DIVORCED (specify)	Annil 07 1077	lost birthdoy)	Months Doys Hours Min.		
		k 10B, KIND OF BUSINESS OR INDUST	April 23,1877	87	120 017 05		
	f working tife, even if retired)		KI II. BIKINICACE (Slore of lore	ign counity)	12. CITIZEN OF WHAT COUNTRY?		
Housew	ife		Churchton	Md.			
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA				
Tooob	That to a		Mand 6				
	Hutton	2	Maria ?				
(Yes, no or unknow	d Ever in U.S. Armed Fo	es of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
no			Alphonse Tho	mpson 431	O Springdale Av		
18. L.J. L	1 5 1/1	CAUSE	OF DEATH		INTERVAL BETWEEN		
	S S S S S S S S S S S S S S S S S S S			,	ONSET AND DEATH		
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	, asthenio, etc. It means				//		
injury ar ca	mplication which caused	d death.)	-64				
	ANTECEDENT CAUSES	(B)		******************************			
DISEASES	OR CONDITIONS, if				100 (100)		
rise to t	ne abave cause (A)						
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OTHER SIGN TO THE DISEASE OF DISEASE OF DISEASE OF DISEASE OF DEATH (notice)  21A. ACCID OR CONTRIBUTE OF INJURY (APPROX.)  22. I certife that (I) (was and haur at 23A. SIGNAT 23C. PHYSICI NAME (1)	IS CONDITION Iasi.  II  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While A1 Not Work  Not Work  At Work  At Work  At Work  Not Work  At	20 A. AUTOPSY? (Yes or Not office bidg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  4 19 2 and the own office bidg., Director	ON 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  The City, give exact locotion are city, give exact locoti		
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. SIGNAT 19A	IS CONDITION last.  II  INFICANT CONDITIONS OF CONDITIONS OF CONDITION CAUSING  FOPERATION 198. CON WAS PER  ENT WAS UNDERLYING UTING CAUSE OF y medical examines)  (Month) (Doy) (Year)  That (I) (this hopital of the causes stated from the cause stated	CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not W Work  Not W Work  At Work  and alive an  Ited abave. (1) (We) (did) (did not	20 A. AUTOPSY? (Yes or Not office bidg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  4 19 2 and the own office bidg., Director	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  The City, give exact locotion are city, give exact locoti		
OTHER SIGN TO THE DISEASE OF 19A. DATE OF 19A. SIGNAT 23A. SIGNAT 23A. SIGNAT 23A. SIGNAT 23A. SIGNAT 24A. BURIAL CR	IS CONDITION last.  II  INFICANT CONDITIONS OF CONDITIONS OF CONDITION CAUSING  FOPERATION 198. CON WAS PER  ENT WAS UNDERLYING UTING CAUSE OF y medical examines)  (Month) (Doy) (Year)  That (I) (this hopital of the causes stated from the cause stated	CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not We Work  1) attended the deceased fram ed alive an  ted abave. (I) (We) (did) (did not  ACOLUMN M.D.  24C. NAME of CEMETERY or (1)	20A. AUTOPSY? (Yes or Not office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  4, 19 6 and the object of the death.  Attending Med. Director Director CREMATORY  24D. L	OD 208. IF YES, WERE IN CERTIFYING CATION  (If in Baltimo  URY OCCUR?  19 48 ta at in (my) (see) ap	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  1965  Dinian death accurred on the death		
OTHER SIGN TO THE DISEASE OF T	IS CONDITION last.  II  INFICANT CONDITIONS OF CONDITIONS OF CONDITION CAUSING  FOPERATION 198. CON WAS PER  ENT WAS UNDERLYING UTING CAUSE OF y medical examines)  (Month) (Doy) (Year)  Y that (I) (this hopitally that saw the decease of the from the causes stated from the ca	CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not We Work  1) attended the deceased fram ed alive an  ted abave. (I) (We) (did) (did not  Accordance M.D.  24C. NAME of CEMETERY or (1)	20A. AUTOPSY? (Yes or Not office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  4, 19 6 and the object of output of the bidy after death.  Attending Med. Director Director CREMATORY  23D. ADDRESS  CREMATORY  24D. L	OD 208. IF YES, WERE IN CERTIFYING CATION  (If in Baltimo  URY OCCUR?  19 48 ta at in (my) (see) ap	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  1965  Dinian death accurred on the death		
OTHER SIGN TO THE DISEASE OF T	IS CONDITION last.  II  INFICANT CONDITIONS OF CONDITIONS OF CONDITION CAUSING  FOPERATION 198. CON WAS PER  ENT WAS UNDERLYING UTING CAUSE OF y medical examines)  (Month) (Doy) (Year)  That (I) (this hopital of the causes stated from the cause stated	CONTRIBUTING ATED TO THE IT.  NOTION FOR WHICH OPERATION REFORMED  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not We Work  1) attended the deceased fram ed alive an  ted abave. (I) (We) (did) (did not  ACOLUMN M.D.  24C. NAME of CEMETERY or (1)	20A. AUTOPSY? (Yes or Not office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  4, 19 6 and the object of the death.  Attending Med. Director Director CREMATORY  24D. L	OD 208. IF YES, WERE IN CERTIFYING CATION  (If in Baltimo  URY OCCUR?  19 48 ta at in (my) (see) ap	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact locotion)  1965  Dinian death accurred on the death		



FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	Y HEALTH DEPARTMENT		0504		
	гн но. 65 2564	CERTIFICA	TE OF DEATH	Registered Na	65 2564		
	E CASE NO.		2. DATE AN	D HOUR OF DEATH			
	ne or Print!	BHER COLE	"2	17/65	1 205 0		
3. F	PLACE OF DEATH IN BALTIMORE MARYLAN		14. USUAL RESIDENCE (When		titutian: residence before admiss		
			A, STATE B, COUN	TY	1600 -		
F	FULL NAME OF (If not in haspital or inst	titution, give street	MARYLAN	D	10-01		
	HOSPITAL OR address or lacotion) NSTITUTION		C. CITY OR TOWN (If out	side city limits, write RI	JRAL and give township)		
7			BALTIMO	25			
	×	11 1/	D. STREET ADDRESS (If	rural, give lacation)			
	UNIVERSITY	HOSPITO /	1047 W.	VINES-			
5, \$	EX 6. RACE 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 h Months; Days   Hours   Min		
	= N Y	IDOWED, DIVORCED (specify)	2 Town in 1000	last birthday	Months Days Hours Min.		
IOA	USUAL OCCUPATION (Give kind of work 108, N	IND OF RUSINESS OF INDUSTRY	11. BIRTHPLACE (State or farei	on country)	12, CITIZEN OF		
	e during mast af warking life, even il retired)	into of positives or into six.	0 1/ 10/	gir cuonity/	WHAT COUNTRY?		
	Housewite		1302/10. MI	1	USA		
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME			
	1 To oph Cale	:6000	41:a	9			
16 1	Was Deceased Ever in U. S. Armed Forces?	DIVER	17. INFORMANT	-	Appered		
Yes	i, no ar unknown/ (If yes, give war ar dates af s	ervice) 1 6. SOCIAL SECURITY NO.	" INFORMANT		ADDRESS		
	No		CORANDI	PAUGHTEN	JAME		
	18. 21 2 2 1	CAUSE C	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTL	Y	A		ONSET AND DEATH		
A	LEADING TO DEATH	(A)	ASCID				
	(This does not mean the made at dying	, e.g., DUE TO		*****************************	0 00 0 0 m 0 0 d 0 m m d 0 0 0 0 0 m m m m		
	heort foilure, asthenio, etc. It means the disease, injury of complication which coused death,)						
		(B) Criza	ODIE DRONCHITI	2			
	ANTECEDENT CAUSES  (B) STATES DUE TO						
	DISEASES OR CONDITIONS, if any, lise to the above cause (A) statis						
	UNDERLYING CONDITION lost.	(0)		******************************	•••••••••••••••••••••••••		
	11						
N	OTHER SIGNIFICANT CONDITIONS CONTR				100		
ATIO	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE					
IC.	19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED		
ERTIFIC	WAS PERFORMI	D		IN CERTIFYING CAU	SES OF DEATH?		
CE	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obaut 21 C. WHERE DID	(If in Baltimore	City, give exact location)		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, factory, street, o	office bldg., INJURY OCCUR?				
-							
VED	21 D. TIME (Month) (Doy) (Year) (Hot OF INJURY		21 F. HOW DID INJ	URY OCCUR?			
Z	(APPROX.)	While At Wark Not While At Wark	le 🗌				
	22 1			0 55	3/2		
	22. I certify that (M (this hospital) atte	~ / -	and the same of th	4	3/7 19.6		
	that (I) (we) last saw the deceased ali			at in (my) (aut) aplni	an death accurred on the d		
	and have and from the causes stated at	pave. (1) (We) (did) (did not)	view the bady after death.				
	23A. SIGNATURE				23 B. DATE SIGNED		
	1000 2018	M.D. Att	rending Med. Director	Stoff Phys.	3/7/65		
7	23C. PHYSICIAN'S	Phy	23D. ADDRESS	rnys.	211103		
	NAME (Type)		2/ AUDKESS	11 -1			
	CHARLES A.	ASPLEN M.D.	WNIVERSITY	HOSPITAL			
24A	BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 200. LO	CATION City	. Jown, ar county) (State		
1	REMOVAL (Specify)	~ Ml Mily	w Man 1 b	14 n	11		
2	Mr102/ 1/180111/196	O / IF MUDUR	11 00/11. 150	R/G. //h	71		
25 A	A DATE REC'D BY HEALTH DEPT. 258, 1	NAME OF REGISTRAS	25C. FUNERAL DIRECTOR	1	ADDRESS		
	MAR 9 1965 P.C.	E, Howell	Will comes !	freed Mund	319-y Schure		
15	150-REV. 1/1/65			-			

8-113-413 16480W172 Justy Sale the Carried mature 1Th Aubor Car Enter 10

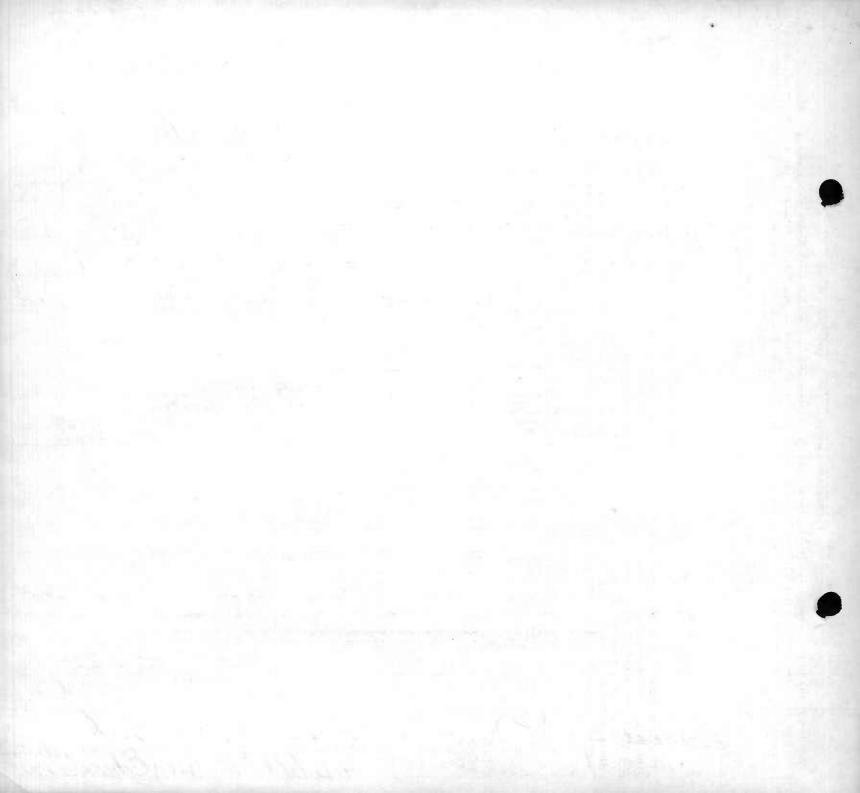
DIATH NO	65 2565		TE OF DEATH	Registered Na	65 2565			
M.E. CASE NO		CERTIFICA	TE OF DEATH					
Type or Print)	DECEASED			D HOUR OF DEATH				
	Eric Jones		Marc	ch 7, 1965	9:00			
3. PLACE OF	DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Whe	re deceased lived. II	institution; residence belore admissi			
FULL NAMI	E OF (If not in hospital or in	stitution, give street	Maryland		15-07			
HOSPITAL C	R oddress or location)			tside city limits, write	RURAL ond give township)			
2	Frovident nos		Baltimore					
1	1514 Division			rurol, give location)				
	Baltimore, Ma	aryland	508 Schroede	er Street				
5. SEX		WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 H Months: Doys Hours Min			
Male	Negro	Single	3-27-64	Tost billidoy/	11			
	CCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF			
done during most	ol working life, even if retired)		Balto., Md.		USA			
3. FATHER'S N	NONO		14. MOTHER'S MAIDEN NA	446	ODA			
	114.		THE THE THE THE	11				
NO	ywold Won't	S	JOON DUT	18x				
5. Was Decedi Yes, no ar unkno	sed Ever in U.S. Armed Forces? own) (If yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	TONEC	ADDRESS			
16		1.300011 1101	5 TORN R. +1	JONES	V. Schroeden SX			
18.	Q / VI	CAUSE O	F DEATH	00007	INTERVAL BETWEEN			
Torse	EASE OR CONDITION DIRECT				ONSET AND DEATH			
Dist	LEADING TO DEATH	Man-	ingitis					
	s nat mean the made at dyi	ng, e.g., DUE TO		***********************				
	ie, asthenia, etc. It means the camplication which caused dea	th )						
		(B) Bro	nchopneumonia					
DISEASES	DUE TO							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
UNDERLY	UNDERLYING CONDITION lost.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE (	OR CONDITION CAUSING IT.							
I I I A. DATE	OF OPERATION 198. CONDITION	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?			
	DOMESTIC AND ADDRESS OF THE PARTY OF THE PAR	los n						
OR CONTR	DENT WAS UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimo	ore City, give exact location)			
DEATH (no	tily medical examiner	etc.)						
OF INJURY		our 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROX)		White At Not While At Work	e 🗍					
22 1	16 at a (1) (at a table 1)		rch 6.	65 Ma	rch 7			
ZZ, I certi	ity that (I) (this hospital) at	tended the deceased from Ma.	45	17 70	19-			
that (I) (w	ve) last saw the deceased a	ive on March /,	19 <u>0</u> and th	at in(my) (aur) op	pinian death accurred an the			
and haur	and fram the causes stated (	abave. (1) (We) (did) (did nat) v	iew the bady after death.					
23A. SIGNA	ATURE				23B. DATE SIGNED			
	A POSO AS	M.D. Atte	mding Med.	Stall Phys.	March 8, 1965			
23C. PHYSIC			23D. ADDRESS	,				
	(Type) D Rollo	M.D.	1514 Division	Stroot				
	sario D. Bello							
AA. BURIAL C	L (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION	City, town, or county) (State			
Suria	2/ 3/12/1966	TAX AUBUNO	I lem. Pa	1/2. 1	111.			
SA. DATE REC		NAME OF REGISERAL	25C. FUNERAL DIRECTOR	110.	ADDRESS 2/9			
	MAR 9 1965 (R	Prof Entable H.A	Williamo	turens/	Home West			
S 150-REV. 1/			14/1/2/113/	WWOLLO!	TOWNS INSUTTOBAL			

with with

## 65 2566 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2566

M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
Louella Johnson	3-4-65 7:20 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore / 7/04
( COO TO ) OL 1 D 711	D. STREET ADDRESS (If rurol, give locotion)
% 700 Fleet Street Baltimore 2.	1708 Wilkens Ave.
J. Jen	8-DATE OF BIRTH 9, AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	Months Doys Hours Min.
female white	11/BIRTHPLACE (Store or foreign country)  12. CITIZEN OF
done during flost of working life, even if relied	WHAT COUNTRY?
Till ler mongonery wars	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	14. MOTHER'S WAIDER WAINE
Larker shart	17. INFORMANT ADDRESS ALSELY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT
285-38-1121	Non Harold Stroumbalah
1B. CAUSE	OF DEATH INTERVAL SETWEEN
25 8 5 8 1 7 · · · · · · · · · · · · · · · · · ·	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a Ethyliam
(This does not meon the mode of dying, e.g., DUE TO	e Ethylism
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	NO. 1
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
101	
9	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE BARDITURA DISEASE OR CONDITION CAUSING IT.  194, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	te overdose
19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Ves Ves
	n or about 21C. WHERE DID (If in Boltimore City, give exact location)
UINDERLYING CONTRIB-	?
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
OF INJURY	
	ingestion of alcohol and barbiturates
22. I certify that I held an Inquiry Inspection Auto	apsy 🗓 and that an this basis, death in my apinlan
resulted fram: Natural causes Accident X Suicide	Hamloide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL IIIIMI NG	DATE (GNED)
	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 3-5-65
EXAMINER'S NAME (Type) Warner H. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER 3-5-05
NAME (Type) Werner U. Snitz, M.D.  23A, BURIAL CREMATION, 23B, DATE / 23C, NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	11 MIL D. 18
Durial 3/0/05 /1800 S	Hoven yen purnel me
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS CAUSE
MAR 9 1965 Robert E. Lashuna	a le Etitle + 11 4161 Comoul ron
VS 151-REV. 1/1/65	The state of the s

A Committee of the comm and work of the state of the st Micheller of Santage Comment



IMPORTANT

DIRECTOR:

FUNERAL

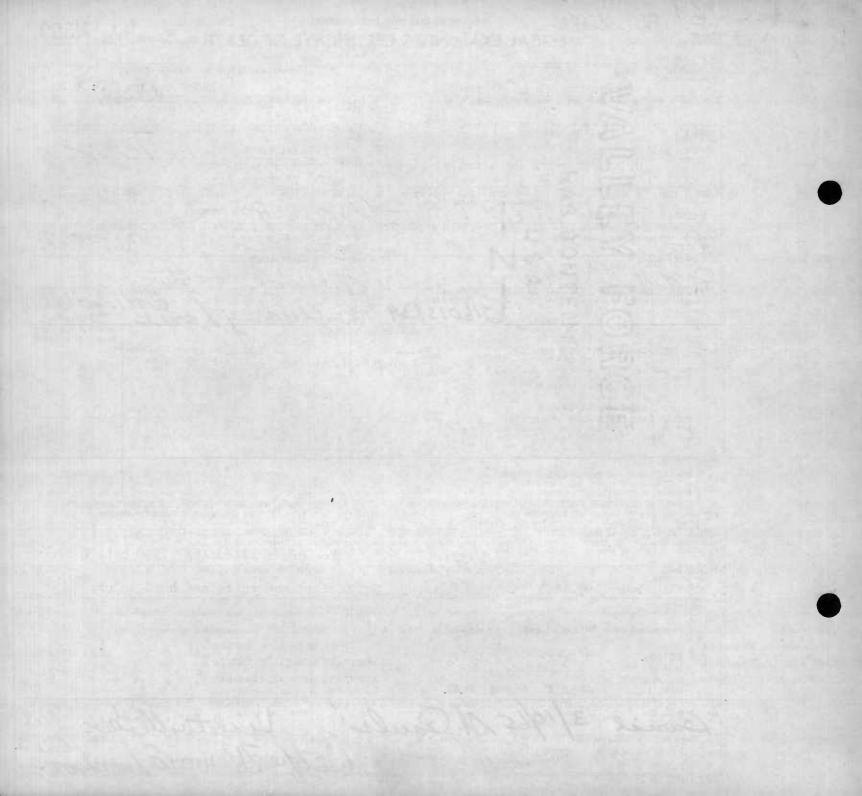
E CASE NO.	CERTIFICATE OF DEATH Registered No.
NAME OF DECEASED  ype or Print)	2. DATE AND HOUR PRONOUNCED DEAD
Augusta Klein	March 6, 1965 8:00 A
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE  B. COUNTY
ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
DSPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township)
	Baltimore
Union Memorial Hospital	D. STREET ADDRESS (If rurol, give locotion)
	533 N. Rose Street
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.
Female White Wester	- Upr. 25112 72
A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUS	STRY 11. BINTHPLACE (State or Wreign county) 12. CITIZEN OF WHAT COUNTRY?
afired	Lacto, Mid. W. S. a.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
edw. C. Relin	patherine Harman
WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no or unknown of the service)  SECURITY NO.	17. INFORMANT ADDRESS
1/60/583	9 Min ( 111 A TO 11 I consider the
IB. CAL	USE OF DEATH INTERVAL BETWEEN
9.00.0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Crar	niocerebral injury
(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	WT
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
Mar 4, 1965 head injury	yes yes 
UTING CAUSE OF DEATH etc.)	et, office bldg., INJURY OCCUR?
street	Food Fair sidewalk, 2500 blk. E.Monum
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRE	OT WHILE AND CORD TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TO
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRE OF INJURY Feb. 19, 1965 Am. WHILE AT AT	or while X fell and sustained head injury
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRE (APPROX.) Feb. 19, 1965 Am. WHILE AT MORK AT	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.) Feb. 19, 1965 Am. WHILE AT AT AT AT AT A COURT OF THE PROX. I certify that I held an Inquiry Inspection	Autopsy X ond that on this bosis, death in my opinion
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.) Feb. 19, 1965 Am. WHILE AT AT AT AT AT A AT A AT A AT A AT A	Autopsy X ond that on this bosis, death in my opinion
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.) Feb. 19, 1965 Am. WHILE AT NORWAY AT 22.  1 certify that I held an Inquiry Inspection resulted from: Natural couses Accident X Suit	Autopsy X ond that on this basis, death in my opinion cide  Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY (APPROX.) Feb. 19, 1965 Am. WHILE AT NORWAY AT 22.  1 certify that I held an Inquiry Inspection resulted from: Natural couses Accident X Suit	Autopsy X ond that on this basis, death in my opinion icide

24C. FUNERAL DIRECTOR

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

1965 Robert E. Fa



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BALTIMORE CITY HEALTH DEPARTMENT

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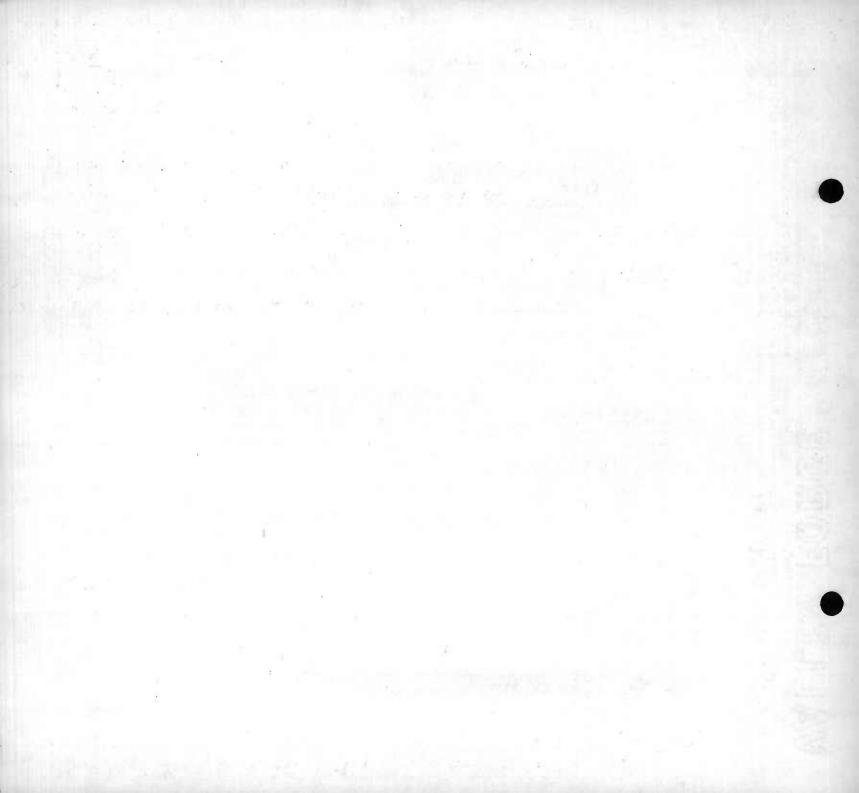
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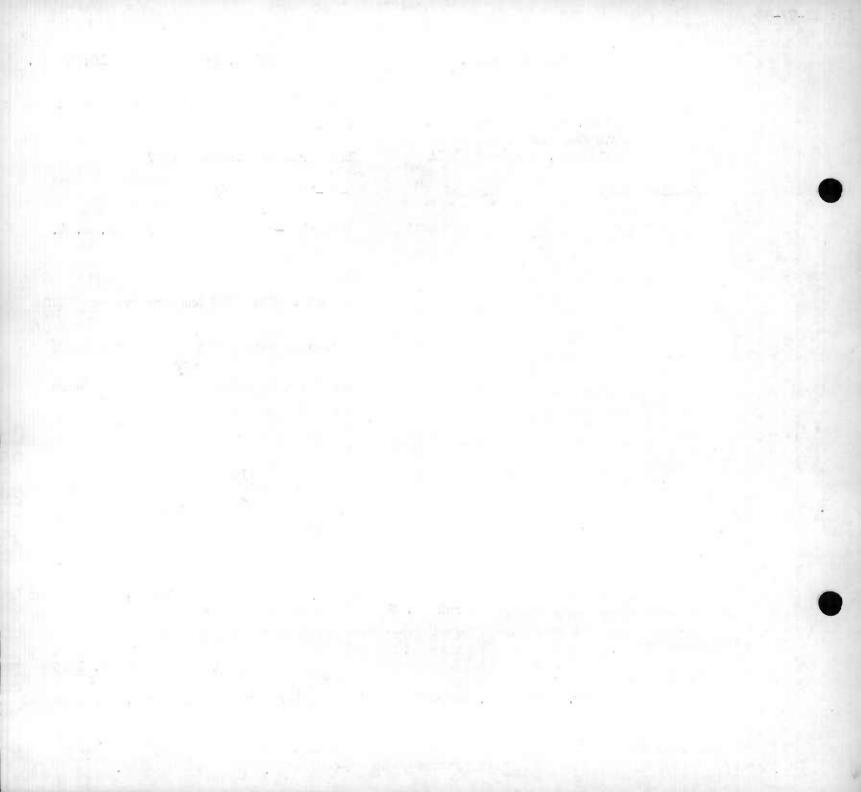
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North Ave

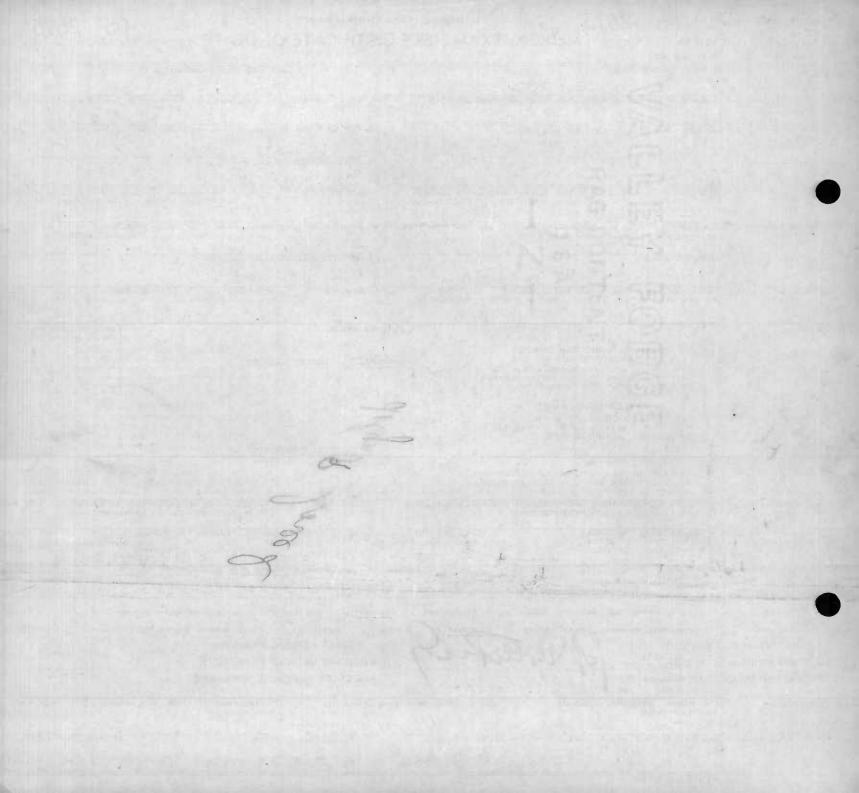
25B. NAME OF REGISTRAR

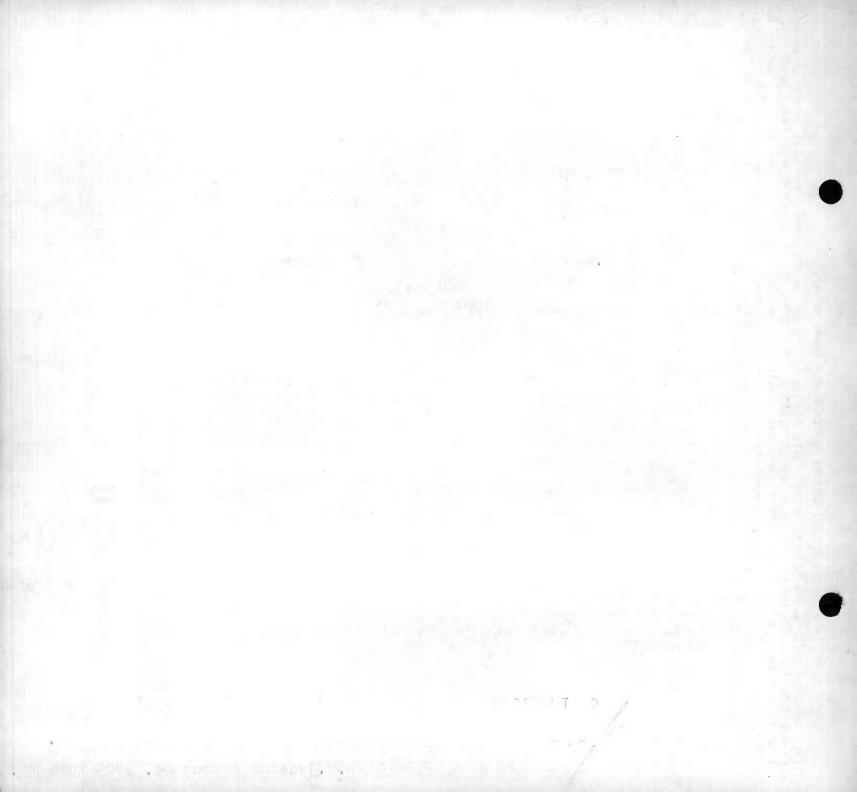


VS 151-REV. 1/1/65

65 2575

BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.		
M.E. CASE NO.			
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD		
(Type or Print) EMILY CARTER	March 4, 1965		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland  C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)		
INSTITUTION	Baltimore //202		
Provident Hospital	D. STREET ADDRESS (II rurol, give locotion)		
	550 Lanvale St.		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Days, Hours, Min.		
	7/		
female colored Divorced  10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
done during most of working life, even if retired)  Clerk - Seams tress	Baltimore, Varyland U.S.A		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Fresley L. Carter	Lucinda Lewis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS		
(Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO.			
	r. Loward B. Carter 2040 Entalou 3		
18, 4; CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	August and Aroun		
LEADING TO DEATH S11	bdural hemorrhages		
(This does not meon the mode of dying, e.g., DUE TO	buttal nemolinages		
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			
UNDERLYING CONDITION LAST.			
0			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED		
	Yes Yes		
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., home, form, factory, street,	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?		
UNDERLYING OR CONTRIB-	McMechen St. at Druid Hill Avenue		
21 D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED			
OF INJURY	WHILE The Trans 1 to 11.		
(APPROX.) 2 28 651:15pm. WHILE AT ATT	WHILE X Involved in auto-auto collision		
certify that I held an Inquiry Inspection A	utapsy 🔀 and that an this basis, death in my apinian		
resulted fram: Natural causes Accident Suici	de Hamicide Undetermined manner		
1 Alas To day	CHIEF MEDICAL EXAMINER DATE SIGNED		
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X			
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 3-4-65		
NAME (Type) Rudiger Breitenecker			
23A, BURIAL CREMATION, 23B DATE 23C NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)		
Durial 3/8/65 Count Aubur	n Cenetery Raltimore, Maryland		
24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS		
MAR 9 1965 (Rip. & S. Jankey M.	o Griro En littor 3035 / 200ts Aug		

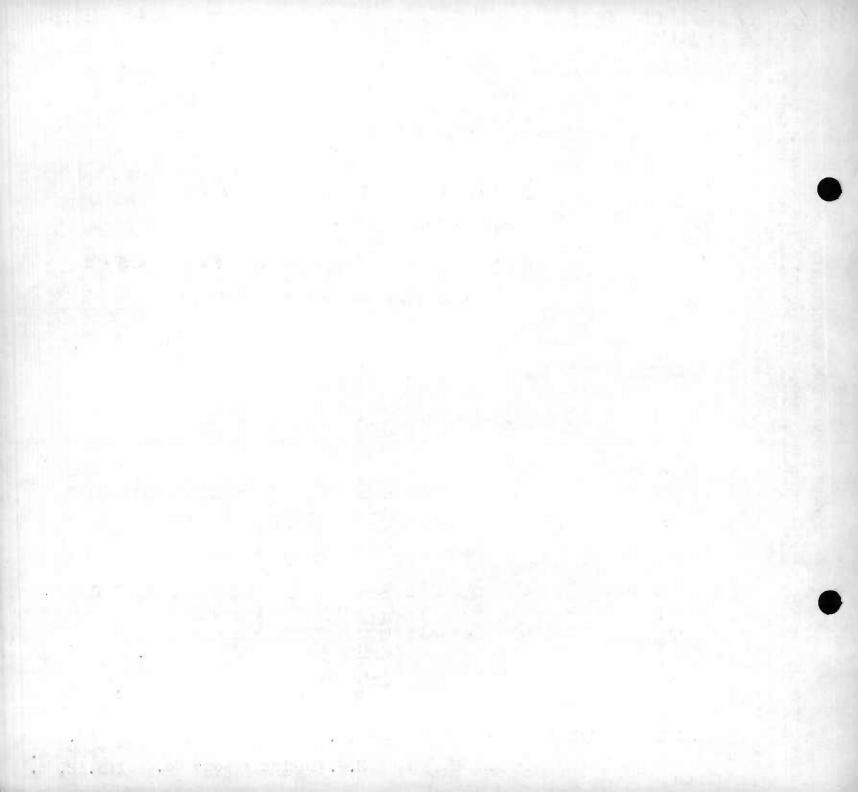




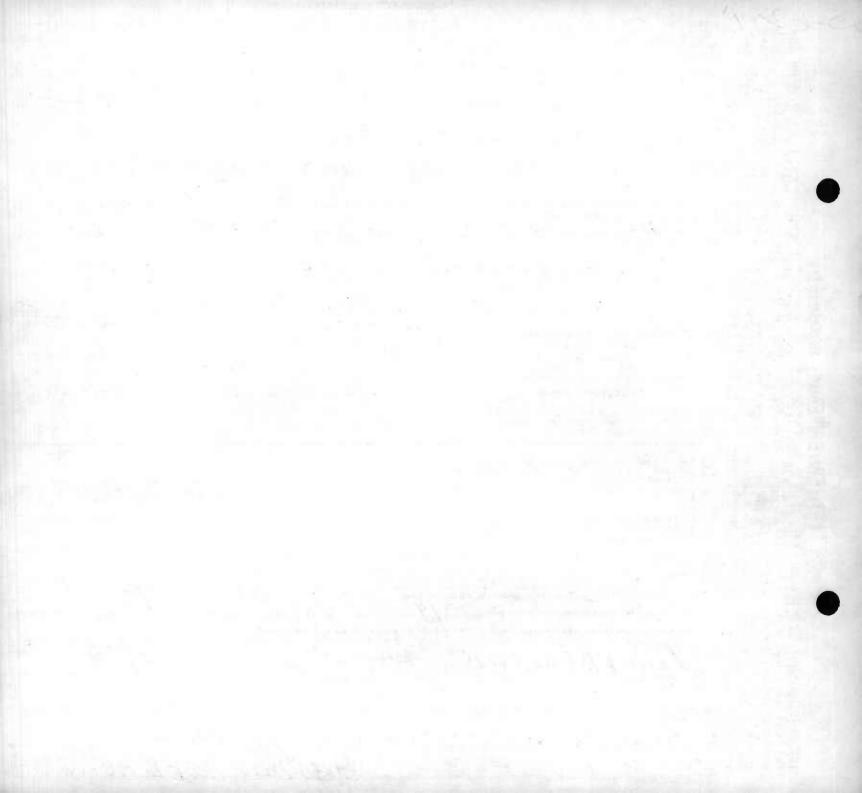
191	12/1		OF OFFIN	BALTIMORE CITY H	EALTH DEPARTMENT		65	OFINIT
لح	0100	BIRT	н но. 65 2577	CERTIFICAT	E OF DEATH	Registered No.	00	6011
3	and eath ase th th	1. N	AME OF DECEASED	C0- + -1		HOUR OF DEATH		145
	- D 00 -		LACE OF DEATH IN BALTIMORE, MARYLAND	Celeste Edna		-1-63		6 - A. M.
K	a G D o p	3. F	LACE OF DEATH IN BALLIMORE, MARILAND	Ä	A. STATE B. COUNT	Y	lion: residen	ce before admission)
. 2	hos (5) de	F	ULL NAME DF (If not in hospital or institution, grue oddress or location)		MORALAN		12	701
0	pu car	11	NSTITUTION	11.	C. CITY OR TOWN (If outs	ide city limits, write RUR	AL ond give	township)
1/2	in again		The Vision Neuronal	403 M.	D. STREET ADDRESS	urol, give (lecotion)	70	2
ME	r d c				UNIV. PKWY &	39th St Br	odduid	ew Apt-521
H -	ibe ine od od od	5. S		DIVORCED (specify)	C. 1 1 16	AGE (In years If	Under 1 Yr.	If Under 24 Hrs.
	ntr ntr r r e g ase		t wid	lowed,	4/10/1899	64		
13	The contract of the contract o		USUAL OCCUPATION (Give kind of work 108, KIND OF Beduring most of working (ite, even if retired)	TICIAN	. BIRTHPLACE (State or foreig		2. CITIZEN CO	DUNTRY?
35	s i d		ME (IKE)		BALTIMORI		MILE	THE CAN
45	t d	13. 1	FATHER'S NAME	0 (0)	. MOTHER'S MAIDEN NAM			(1)
12	dis dis	10.1	110001	TIPPS (P.)		FIEGE		(9)
0	ind ind eo	(Yes		SECULTY NO.	. INFORMANT		ADD	(12)
国のこ	ssis that delined			000	HABLES M. PHI	1PPS, 6500 1		
≥ Q !	s a sife con an ando			CAUSE OF	DEATH			T AND DEATH
	of of of the ted		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	5 VI W	'A (lell)		last	124
- III	o A D D D D D D D D D D D D D D D D D D		(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO		0 142		
N/ZW	ner act pr		injury or complication which coused deoth.)	X X E FRA	CTURED	Marine.	APPM	ox 2-30 To
U OH	Ho tr		ANTECEDENT CAUSES	3(1)				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
ш	SXG SXG W W		DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	E Corol	wara arti-	Moramos	h	
NO.	ins ins		UNDERLYING CONDITION last.	THE HULL	V Logge	A		
195	dice lice rns sic sic wa	z	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING	至 一種 しんりょ	1 / accon	7		
ANDA	ne phy phy	ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	2 lo			305	
250	a cand		19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	INGS CON	SIDERED H?
درا ل	by thy	LUI L	21A. ACCIDENT WAS UNDERLYING 218. PI	LACE OF INJURY (e.g., in o	YES	4ES		
27	the (2			form, foctory, street, office	bidg., INJURY OCCUR?	1NT() Y 2	2 6	
The second	d Kreit	DIC		HOME NJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	20442	Home
a	hos att (6)	5	OF INJURY 2 EXACT While	At Not While At Work	FEW IN	BATIL ROOM	77	
	y n y n x ce		22. I certify that (1) (this haspital) attended the			96510 5-	7	1065
	an de		that (I) (we) last saw the deceased alive an	3 - 7		t in (my) (our) apiniar	death ac	curred on the date
	to to the		and haur and fram the causes stoted above. (1)	(We) (did) (dld not) vie		Tinting, (out, aprilla	, dedili de	confed an time date
	ust be eased ident nospit		23A. SIGNATURE			23	B, DATE SIG	NED
	election in the control of the contr		& Councel	M.D. Attend	ing Med.	Staff Phys.	3	7-55
	0 - 0 - >		23C. PHYSICIAN'S NAME (Type)		D. ADDRESS	4		
	certification was vs. (1) An D.O.A. at assed priore		Dr. Steven Kopi	Lts M.D.	Le Uman	lemnial	A8.	1 10
	SOS TE	24A	BURIAL CREMATION, 248. DATE 24C.NAM REMOVAL (Specify)	ME of CEMETERY OF CREM	ATORY 24D. LO	CATION (City, t	own, or cou	nt)() (Stote)
	This certifie body shows: (1 was D.O. deceased		urial 3/10/1965 New	Cathedral	Cem. Ba:	ltimore,		Md.
	This certhe bocshows: was D. deceas	25A	. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		DEC BUNIERAL DIRECTOR		4905	York Rd.
	-+ v > 0 >		MAR 9 1965 Robert	Charles,	H.W.Jenkins	Balto 1	2, Md	•



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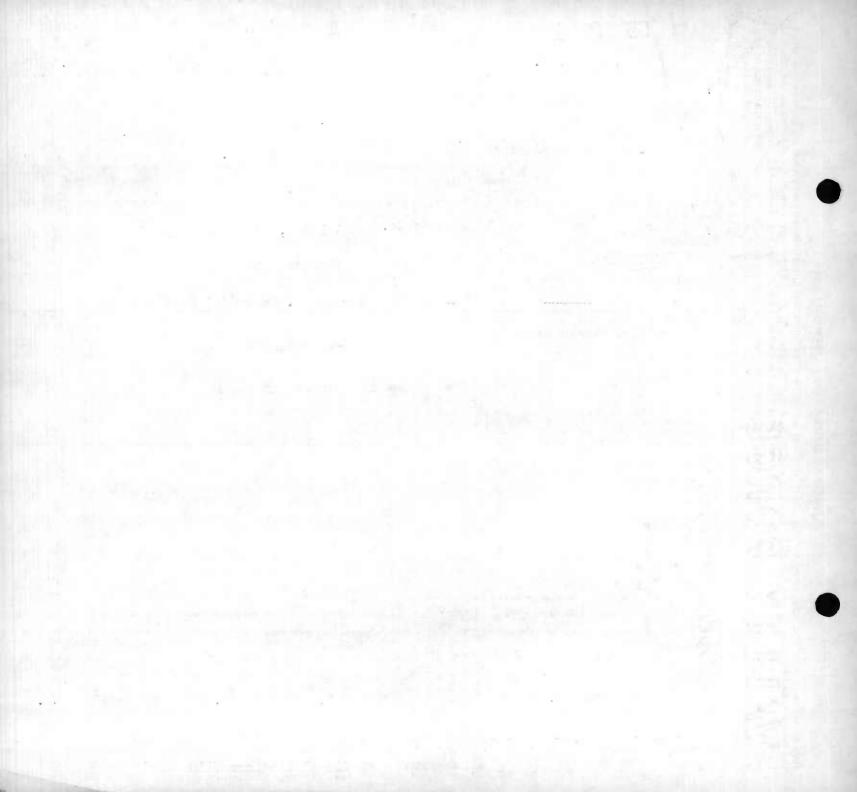


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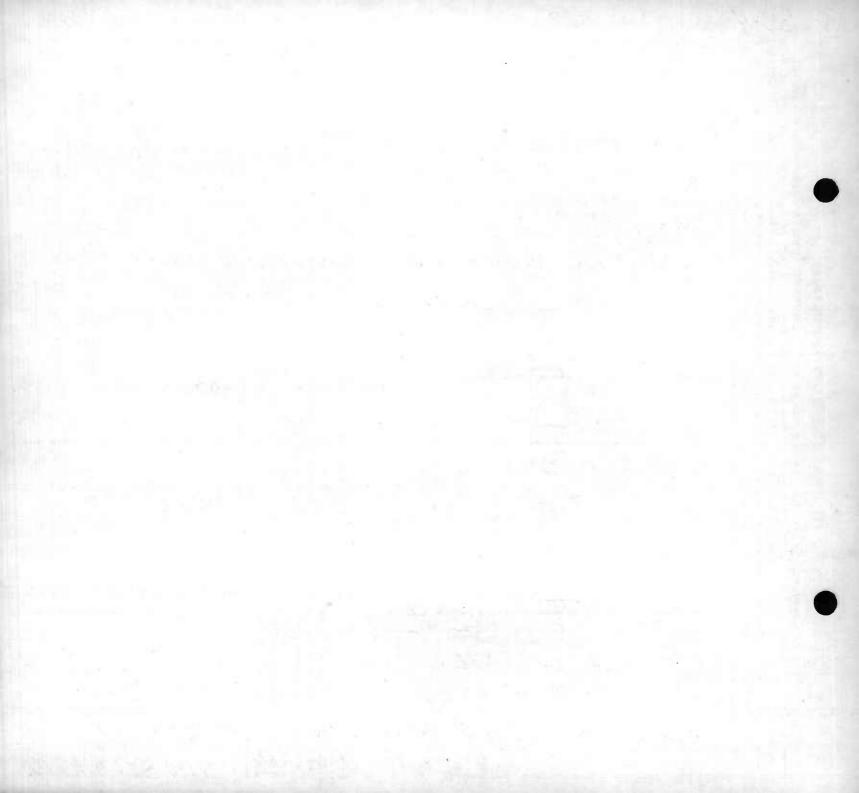


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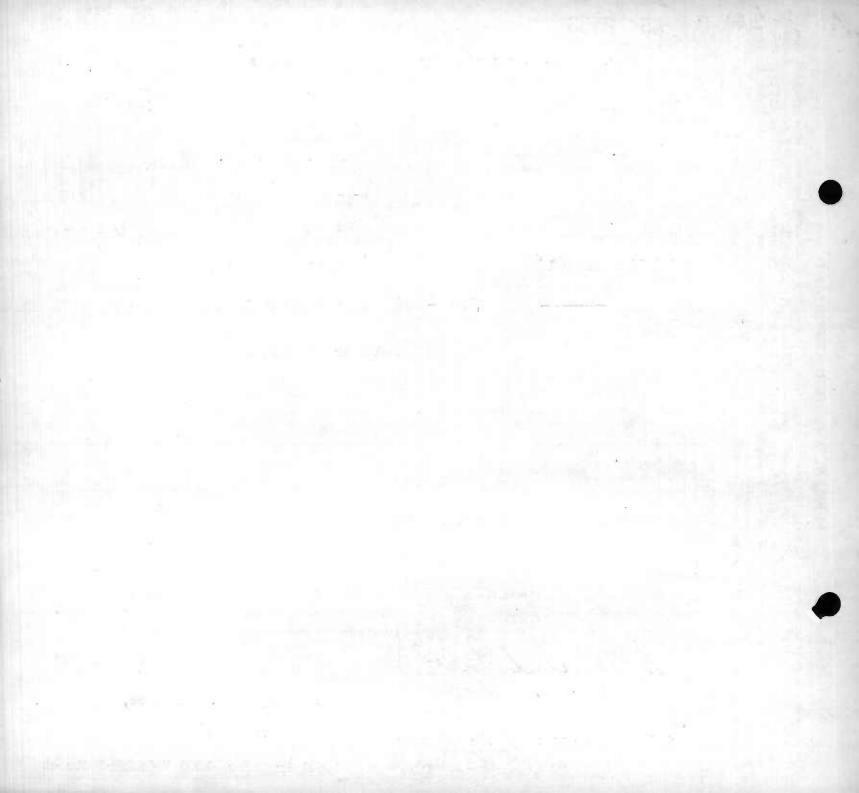
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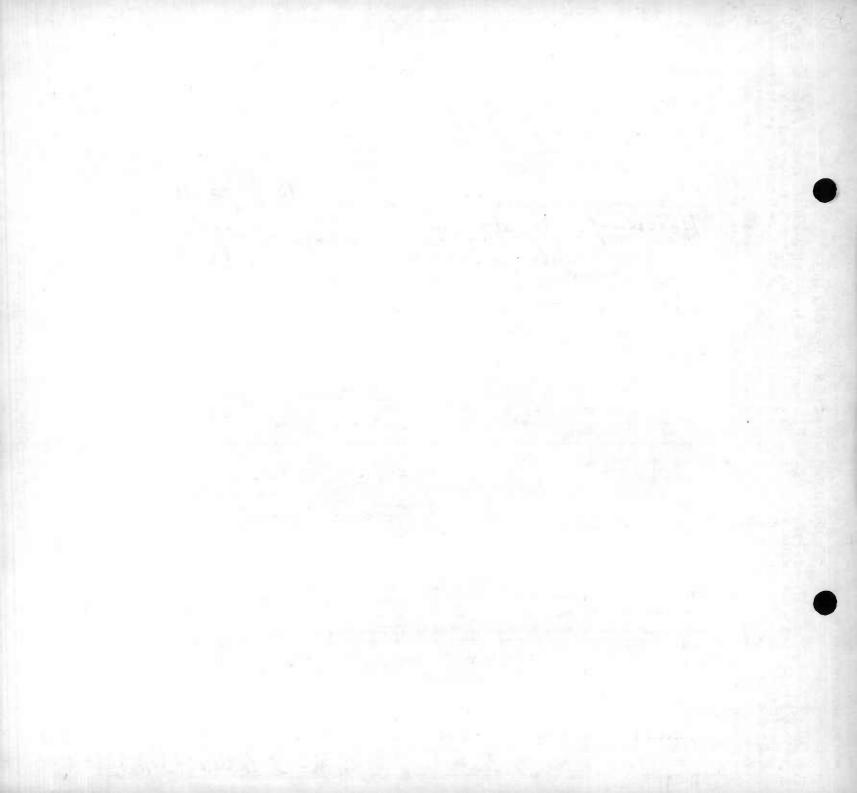
FUNERAL DIRECTOR:

BIRT	TH NO. 65	2583		CERTIFIC	ATE O	F DEATH	Registered No.	65	25	<u>ප්ර</u>
M.E	L CASE NO.			- Cartinito	11		ND HOUR OF GEATH	1		
(Тур	pe or Print)	oser, Max or	Maximi	llian 11		Marc	h 7 1965	T		8.10
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND					L RESIDENCE (Who	re deceased lived. If	institution: re	sidence b	efore odm
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION					aryland		0	10	
1							tside city limits, write	RURAL ond	give tow	nship)
1	113111011011					ltimore #3				
1		St. Joseph	Woonite:	1			rural, give location)			
		50. Joseph	nosprta.	1	1	6 S. Castl	e St.			
5. S	EX	6. RACE		D, OIVORCED (specify)	B. OATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under Months	Doys H	f Under 2
	ale	white	marri		8-2-		65			
		IPATION (Give kind of wor vorking life, even if retired)	10B KIND O	F BUSINESS OR INDUSTI	TY 11. BIRTH	IPLACE (State or fore	ign country)	12. CITI2 WH	EN OF	TRY?
	Retired		Esska	V	Ger	many		1	1.5,	4
13.	FATHER'S NAM				14. MOT	HER'S MAIDEN NA	ME			
	Maximi 7	lian Moser 1			II	edwig Denk				
15.	Wos Deceased	Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFO				ADDRESS	
(Yes		(If yes, give wor or dot	es of service)	SECURITY NO.	-					
_	No 18.	-	~	213-05-2436	OF DEATH	esa Moser	116 S Castl		et. NTERVAL	BETWEE
	9 0	2.1		CAUSE	OF DEATH				ONSET AL	
		E OR CONDITION DI LEADING TO DEATH	KECILY							
				(A) P	lmonar	y emphysem	<u> </u>			
		at mean the made at asthenia, etc. It means								
		plication which caused								
	1	INTECEDENT CAUSES		(B) OUE TO			(Prill Co. Ar Co.		*********	
	DISEASES O	R CONDITIONS, if	any, giving							
		abave cause (A)	stating the	(C)						
1	SHOUNCHING									
ERTIFICATION	TO THE DI	FICANT CONDITIONS ( EATH BUT NOT REL	ATEO TO TH							
CA	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	120 A. A	AUTOPSY? (Yes or N	O) 20B. IF YES. WERE	FINDINGS	CONSIDE	RED
TIF	2	WAS PER	FORMED		-	Yes	208. IF YES, WERE	AUSES OF D	EATH?	
CE	21 A. ACCIDEN	IT WAS UNDERLYING	218	PLACE OF INJURY (e.g.	in or obout	21 C. WHERE DID	(If in Boltimo		exoct lo	cotion)
AL	OR CONTRIBU	TING CAUSE OF medical examiner	hor	ne, form, factory, street,	office bldg.,	INJURY OCCUR?				
OIC	21 D. TIME	(Month) (Dov) (Year)	(House 21s	INJURY OCCURRED		21F. HOW DIO IN.	IIIN OCCIIN			
ш	OF INJURY			hile At Mot W		THE WEST	OKT OCCOR:			
ME	(APPROX)		W		rk 🗀		10			
8			I) attended t		rebru	any 23	19 65 to Ma	rch 7		19
	22. I certify	that (I) (this haspita	i) dilelided i	the deceased from						
				2.6 2 00	19	65 and th	nat in (my) (aur) as	inian deat	h accurr	ed on th
	that (I) (we)	last saw the deceas	ed alive an.	March 7	19		nat in (my) (aur) ag	oinian deat	h accurr	ed an th
	that (I) (we)	last saw the deceas	ed alive an.	2.6 2 00	19		nat in (my) (aur) ap			
	that (I) (we)	last saw the deceas	ed alive an.	March 7  (We) (did) (did not)	19	bady after death.		23 B, OAT	E SIGNED	
	and haur and 23A. SIGNATU	last saw the decease from the causes sta	ed alive an.	March 7  (We) (did) (did not)	view the	Med.	Stoff Phys.	23 B, OAT		
	that (I) (we)	from the causes sta	ed alive an	March 7  (We) (did) (did not)  Modern M.O. A	19	Med.		23 B, OAT	E SIGNED	
	that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA	from the causes sta	ed alive an	March 7  (We) (did) (did not)  Modern M.O. A	view the	Med. Director RESS	Stoff Phys.	23B OAT Marcl	e signed	1965
	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	from the causes stored with the causes stored	ed alive an ted abave. (	March 7  (We) (did) (did not)  M.O. A	ttending	Med. Director	Shoff Rhys. K	23B OAT Marcl	e signed n 8,	1965 Md
	and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) A. BURIAL CREF REMOVAL (S)	from the causes stored with the causes stored	ed alive an ited abave. (  Vande	March 7  I) (We) (did) (did not)  Ame of CEMETERY of C	ttending tys. 23D. ADD 23D. ADD REMATORY	Med. Director  RESS  N. Caroli  24D. L	Stoff Phys. X ne St. Balt	23B. OAT March	e signed n 8,	1965 Md
	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	from the causes stored with the causes stored	Vande	March 7  I) (We) (did) (did not)  Authorite M.O. A	view the ttending	Med. Director RESS  N. Caroli	Stoff Phys. K  ne St. Balt  ocation (6	23B. OAT March	e signed n 8,	1965 Md
	and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) A. BURIAL CREF REMOVAL (S)	from the causes stored with the causes stored	Vande	March 7  I) (We) (did) (did not)  Grift  AME of CEMETERY of CO.  Ly Redeemer (of REGISTRAR)	ttending   23D. ADD   2400   25C.	Med. Director  RESS  N. Caroli  24D. L	Shoff Phys. X ne St. Balt ocation (6	imore,	21213	Md Md
24AA 25AA	and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T) A. BURIAL CREF REMOVAL (S)	from the causes starting of the causes of	Vande	March 7  I) (We) (did) (did not)  Grift  AME of CEMETERY of CO.  Ly Redeemer (of REGISTRAR)	ttending   23D. ADD   2400   25C.	Med. Director RESS  N. Caroli	Shoff Phys. X ne St. Balt ocation (6	23B. OAT March	21213	Md Md

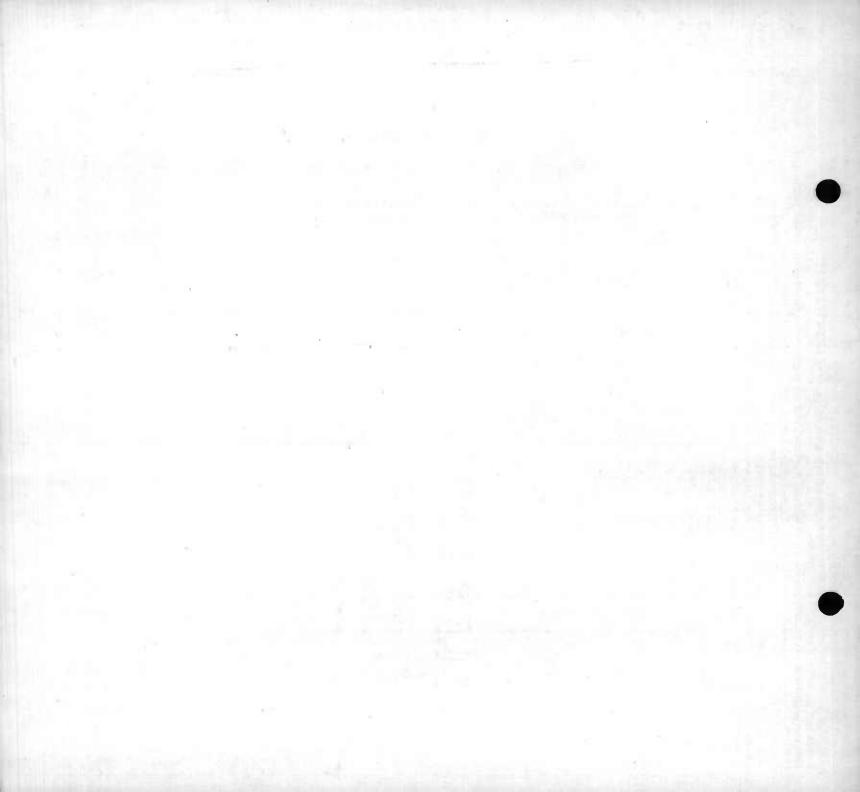


BALTIMORE CITY HEALTH DEPARTMENT

FUNERAL DIRECTOR:

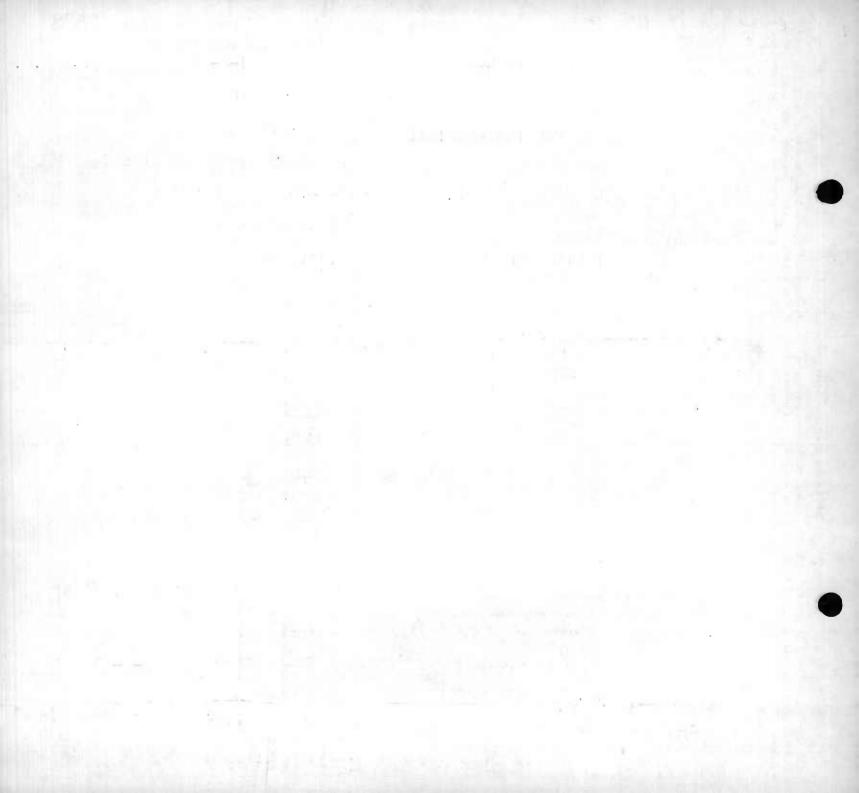


WIRTH NO. 65 2586 95		TE OF DEATH	Registered Na.	65 25	86
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  1. A. B.		2. DATE A	ND HOUR OF DEATH		
(Type or Print) Baky Bey Ma.  3. PLACE OF DEATH IN BALTIMORE/MARYLAND	Cen	4. USUAL RESIDENCE (Who	ero doceosed lived. If in	stitution; residence hele	o f
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location)		Macy Cand C. CITY OR TOWN (If or			
Sinai Hospi	+ 0	De 1-4 .		1000000	)
suai last	lle	D. STREET ADDRESS (IF	ented Kell	ls Apr 101	
4 a	DIVORCED (specify)	3-1-65	lost birthdoy)	Months Doys Hour	10
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	USA	
Charles macin					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of sarvice)		17. INFORMANT	L-1 C:10	ADDRESS	
		mo thus Fleng fai ty		Same	
18. 776 X I	CAUSE OF	DEATH		INTERVAL BE	ETWE
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DUE TO				
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WH	IICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDEREI	D
U 21 A. ACCIDENT WAS UNDERLYING   21 B. PL OR CONTRIBUTING   CAUSE OF home, DEATH (notify medical examiner) etc.]	ACE OF INJURY (e.g., in form, foctory, street, off	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?		e City, give exect locof	
M OF IN HIBY	At Not While	21F. HOW DID IN	JURY OCCUR?		
22. I certify that (1) (this haspital) attended the					
that (I) (we) last saw the deceased alive an		19and ti	4 Comment	nian death accurred	an
and haur and fram the causes stated above. (1) (	We) (did) (did nat) vi	iew the bady after death.		DATE SIGNES	
GO OMA	M.D. Attor	onding Med. Director	Stoff	23B. DATE SIGNED	
23C. PHYSICIAN'S NAME (Typo)		23D. ADDRESS	Hornital	3-3-65	
24A. BUNAL CREMATION 24B. DATE / 24C. NAM	AE of CEMETERY OF CRE	MATORY / 249.	LOCATION, 159	ity, town, or county)	
REMOVAL (Specify) Murch 5/965	Lole della	emer Cendo	Mellin	isac. Mi	1
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	REGISTAR	25C FUNERAL DIRECTO	R	ADDRES!	5
MAR 9 1965 OLL 15 E	COMPARE FAIR MAINE	1	1/ \//		111

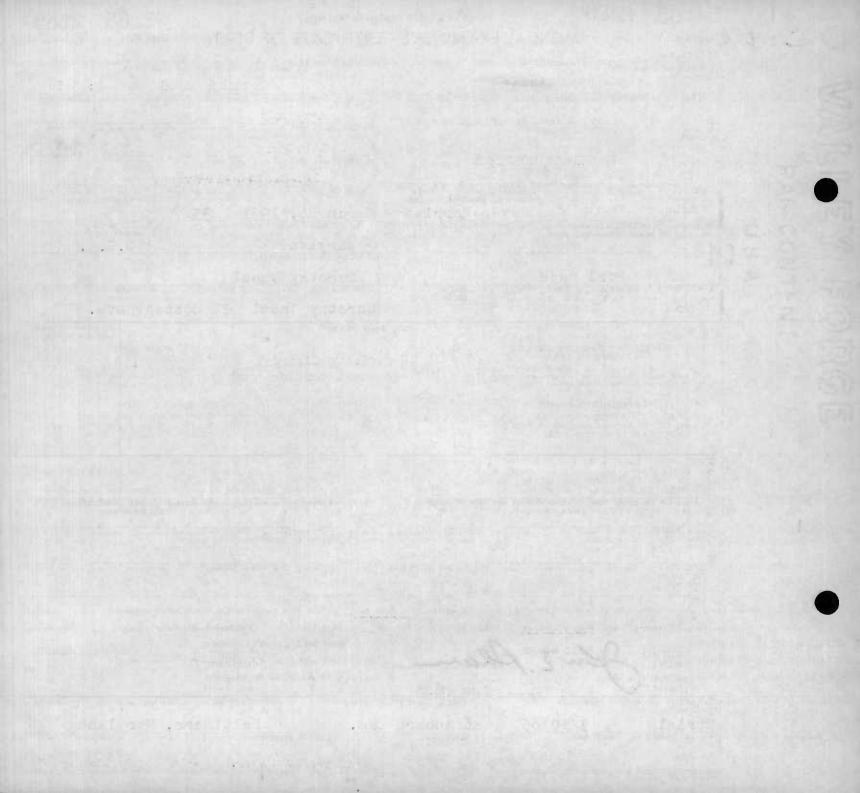


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	BALTIMORE CITY HEALTH D	
	IRTH NO. 65 2588 CERTIFICATE OF	DEATH Registered No. 65 2588
1.1	NAME OF DECEASED	2, DATE AND HOUR OF DEATH
3.	RUTH TAYLOR  PLACE OF DEATH IN BALTIMORE, MARYLAND	RESIDENCE (Where deceased lived. If institution: residence before odmis
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION  A. STATE  C. CITY OF	MARYLAND 15-0 6
	THE JOHNS HOPKINS HOSPITAL D. STREET	
		172# ASHBURTON STREET
	FEMALE COLORED MARRIED MOVED (Specify)  NARRIED MARRIED MARRIED  A, USUAL OCCUPATION (Give kind of work 108, kind of Business or Industry 11, Birthpl	6-03   lost birthday  Months Days Hours A
da	ane during most of working life, even if retired)  Morning most of working life, even if retired)	laryland WHAT COUNTRY?
	WILLIAM JOHNSON HA	TTLE HILL
15. (Ye	75. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)  NONE  17. INFORM  NONE	udler Taylor- 1724 ashburt
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)  DUE TO	IOMA OF OVARY.
ATION	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  BRONCH PNEUM	
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AU	JTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., IN etc.)	IC. WHERE DID (If in Boltimore City, give exact location)
MEDI	(APPROX) Work At Work	TE HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased fram NOVEMB	
		and that in(my) (aur) opinion death accurred an th
	and haur and from the causes stated above. (1) (Mg/) (did) (did) (did) for view the ba	ady after death.
	Physical M.D. Attending Phys.	Med. Stoffs * * 3-6-65
	23C. PHYSICIAN'S NAME (Type) DR. ROBERT SCORGIE M.D.	
24	4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 3/10/65 Mt. Allbury Com	etery Battamare Maryla
25	MAR 9 1965 258 NAME OF REGISTRAR 255. FU	MERAL DIRECTOR ADDRESS

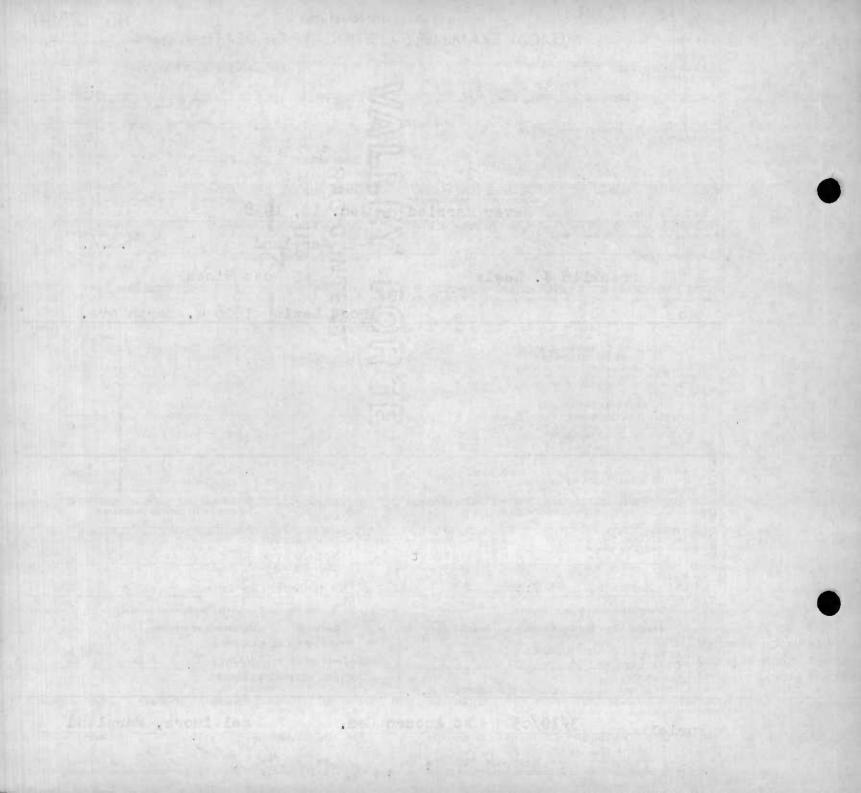


1	65 2589 BALTIMORE CITY HEALTH DEPARTMENT 65 258	(3
0-540	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	,
	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD	
	JAMES ONEAL March 5, 1965 1:45 P.	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmis B. COUNTY	sion)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MATY Land  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
	INSTITUTION	
50	PROVIDENT HOSPITAL Baltimore  D. STREET ADDRESS (If rurol, give locotion)	
	2221 Druid Hill Avenue	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors   If Under 1 Yr. If Under 24	Hrs.
1931 - 33 - 120	Male Negro   WIDOWED, DIVORCED (specify)   Never Married   March 26, 1931   33   Months Doy's Hours N	iin.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	
	done during most of working life, even if retired)   Maryland   U.S.A.	
	13. FATHER'S NAME	
	Ford Mack Dorothy Oneal	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dates of service)  SECURITY NO.	
	No Dorothy Oneal 22 Cottage Ave.	
	18. CAUSE OF DEATH INTERVAL BETWEE	
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	
	heort foilure, osthenio, etc. It meons the diseose.  injury or complication which coused death.)  cerebral cortical softenings	
	ANTECCHIPENT CAUSES	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  OUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING IT.    DISEASE OR CONDITION CAUSING IT.    DISEASE OF CONDITION CAUSING IT.   DISEASE OF CONDITION CAUSING IT.   DISEASE OF CONDITION CAUSING IT.   DISEASE OF CONDITION CAUSING IT.	
	WAS PERFORMED  Yes  Ves  Ves	
	Z 21A. EXTERNAL CAUSE WAS   21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)	
	UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., INJURY OCCUR? etc.)	
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	(APPROX.)  M. WHILE AT NOT WHILE AT WORK	
1/54746	22.	
	resulted from: Natural couses X Accident Suicide Homicide Undetermined monner	
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNE	D
	SIGNATURE TO THE M.D. ASSISTANT MEDICAL EXAMINER 3-6-65	
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 3-6-65 NAME (Type) John E. Adams, M.D.	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote	)
	Burial 3/10/65 Mt Auburn Cem. Baltimore, Maryland	
	24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR   ADDRESS	
	MAR 9 1965 Robert E. Farley M. a Vrac of Kilon 1348 31. C. Chan S.	1
	VS 151-REV. 1/1/65	

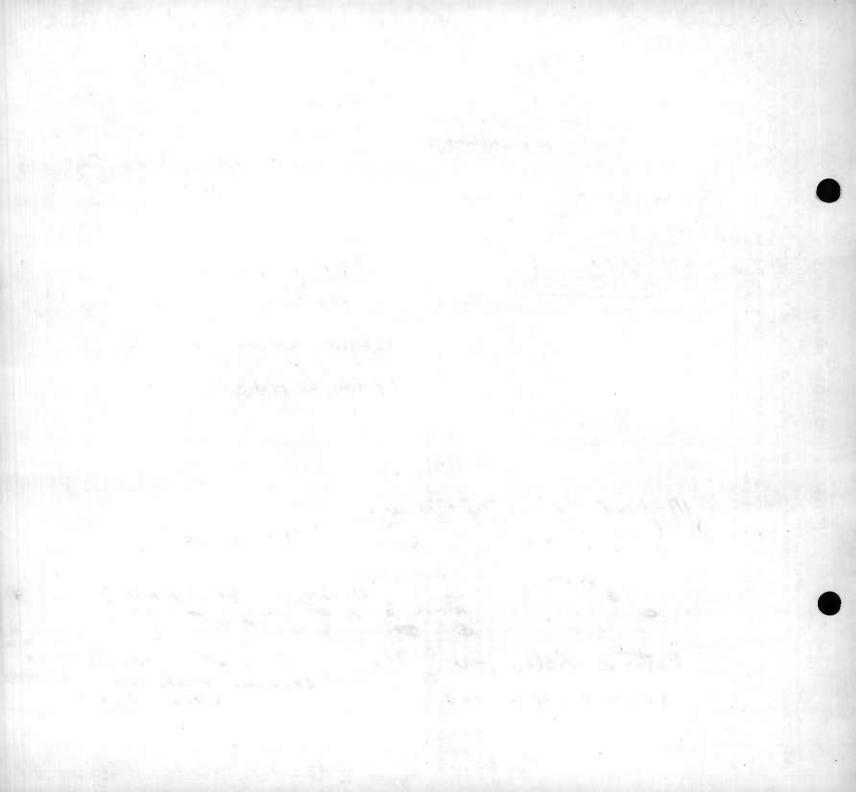


MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH	Registered Na
MILLICAL			OI DEATI	

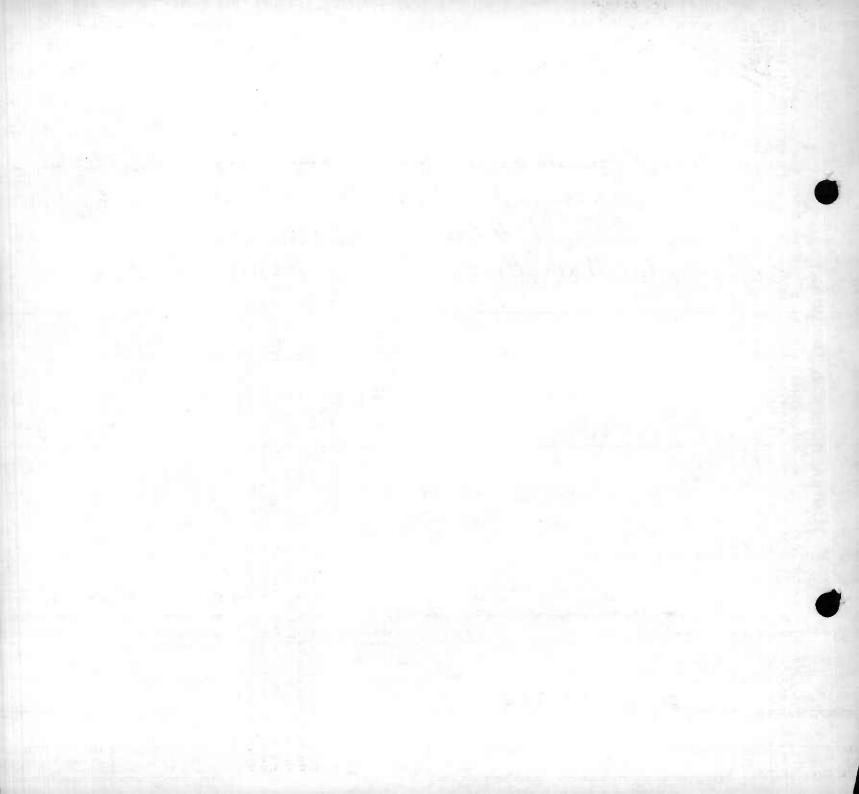
1.200	BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	DOREEN LEWIS	March 7, 1965   1:30 A. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  B. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURA) and give township)
		Baltimore D. STREET ADDRESS (If rurol, give locotion)
3	Provident Hospital	1806 W. North Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   If Under 1 Yr, If Under 24 Hrs,
	Female Negro Never Married	Jan. 10, 1958 ost birthdoys Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	YIII. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired)	Maryland What country? U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Franklin J. Lewis	Rosa Hines
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
	No	Rosa Lewis 1806 W. North Ave.
	IB. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	tiple traumatic injuries
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBITING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		yes yes
	UNDERLYINGLOR CONTRIB-   home, form, foctory, street, or	in or about 21C. WHERE DID (If in Boltimore City, give exact location) / office bldg., INJURY OCCUR?
	UTING CAUSE OF DEATH. etc.) street	North Ave. 46 ft. west of Fulton Ave.
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
		WHILE T pedestrian struck by auto
	22. I certify that I held an Inquiry Inspection Aut	tapsy X and that an this basis, death in my apinian
	resulted fram: Natural causes 🔲 Accident 🛚 Sulcid	Hamicide Undetermined manner
	01 = 00	CHIEF MEDICAL EXAMINER
	SIGNATURE Thu & Adam M.D.	ASSISTANT MEDICAL EXAMINER X March 7, 1965
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
	NAME (Type) John E. Adams, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	or CREMATORY 23D. LOCATION (City, town, or county)   State)
	REMOVAL (Specify)	
	Burial 3/10/65 Mt Auburn 24A. DATE RECD BY HEALTH DEPT. 24B. NAME OF REGISTRAR	Cem. Baltimore, Maryland 24C. FUNERAL DIRECTOR ADDRESS
	MAR 9 1965, Robert Es talley M.A.	Soga Letelon 13 1871. Calhar St.



	ro.l	CATE OF DEATH Registered	No. 65 2591
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	A	2. DATE AND HOUR OF D	F. L
3. PLACE OF DEATH IN BALTIN		MANUH 6	1965   7
S. PEACE OF DEATH IN SALIM	MARITARD	A. STATE B. COUNTY	od. If institution: residence peroro odmissio
HOSPITAL OR oddress	n hospital or institution, give street or location)	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
INSTITUTION LEVIND	ALE HEBILEW HOME	BALTO' D. STREET ADDRESS (If rurol, give location)	
/	AND INTIRMINEY		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	
	WIDOWED, DIVORCED (specify	lost birthdov)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give	kind of work 108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF
done during most of working lite, ever CLOAK BUS.	if retired)	Russia	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	00/
WILLIAM		BAILA	
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give		17. INFORMANT	ADDRESS
	216-32-844	4 Harry BLUM - 402	1 FALLSTAFF PO
18. 159 VI	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND	TION DIRECTLY	Maladate Comment 1	
(This does not meen the	mode of dying, e.g., DUE TO	Metastatic Carcinoma to Li Liver and Bines? Probable GT. Malinan	ings fifth o revers
heart failure, astherio, etc.	II meons the diseose, th caused death.)	7 0 0000 5-	8 month
ANTECEDENT	CAUSES (B)	? Probable GI Mal. gnany	0 - 1 - 1 - 1 - 2
DISEASES OR CONDITION	ONS, if any, giving		
UNDERLYING CONDITION		***************************************	
z II			
OF THE SIGNIFICANT CONE TO THE DEATH BUT I DISEASE OR CONDITION OF	NOT RELATED TO THE	ne	
19A. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION	Styles Of No. 208, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION  5/964  0 21A. ACCIDENT WAS UND	Fractic Loff HIP - octoros	CAIN	
OR CONTRIBUTING CAUSE	SE OF   21 B. PLACE OF INJURY (e home, form, foctory, street	t, office bldg., INJURY OCCUR?	oltimore City, give exact location)
DEATH (notify medicol exomi	y) (Year) (Hour) 21E, INJURY OCCURRED	le Non-	
UF INJURY		While Vok	
			1.000
that (1) (see last asset to	haspital) attended the deceased from	6 19 65 and that in (my)	MAN2H 6 1965
	uses stated abave. (1) ((did) (did)	25-700	my apinian death accurred an the d
23A. SIGNATURE	uses stated above. (1) (did) (did)	or, view the bady after death.	23B, DATE SIGNED
Matte R	Rabhar, MD M.D.	Attending Med. Stoff Phys.	/ / /
23C.PHYSICIAN'S NAME (Type)	1,50,000		BREW HOME & INFIRMM
NATHAN (	B. RABHAN, M.O.		17 15, mel.
24A. BURIAL CREMATION, 24B. REMOVAL (Specily)	DATE 24C. NAME OF CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)
BURIAL 3/	7/1965 HERRING	RUN Balto.	MO
25A. DATE REC'D BY HEALTH E	1965 Robert E STANGE	25C. FUNERAL DIRECTOR	ADDRESS
MAK 9	1300 Aleran C Tarban	Syscard & Lawis & So	N-3319 OLYMPIA AL
S 150-REV. 1/1/65			



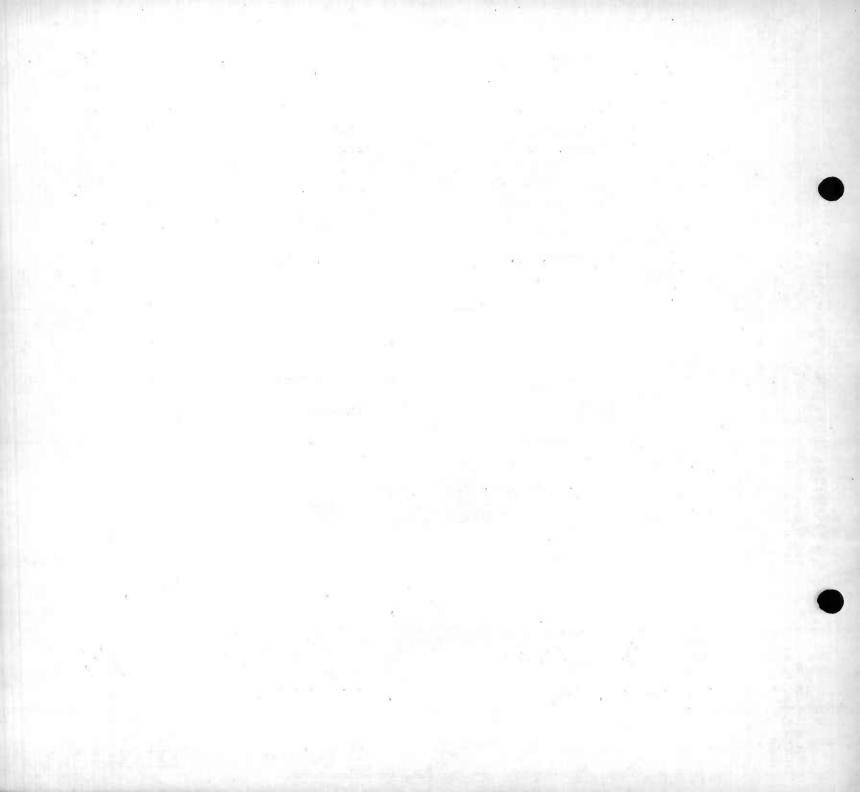
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. of death etermined cause; (5) Deceased M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) uo. 3. PLACE OF DEATH IN BALTIMORE MARYLA ance B. COUNTY COUSE FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street oddress or location) outside city limits, write RURAL and give township) attend INSTITUTION 6 prior contributing occurred is made. regular MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 9. AGE (In years deceased lost birthdoy) IOA. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? (4) Und MOS 13. FATHER'S NAME IMPORTANT eath 0 15. Was Deceased Ever in U. S. Anned Forces SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 0 CAUSE OF DEATH 10 INTERVAL BETWEEN attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. Il means the disease, FUNERAL DIRECTOR: injury ar camplication which caused death.) 06 ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the before the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital MEDICAL °N DEATH (notify medical examined any nature; obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 While At Not While (APPROX.) At Work Wark 22. I certify that strain (this hospital) attended the deceased from 65 that (#) (we) last sow the deceased alive on ...ond that in(my) (aur) apintan death accurred on the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. the body was released must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Stoff approval 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior at D.O.A. 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY (City, town, or county) deceased MOS 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

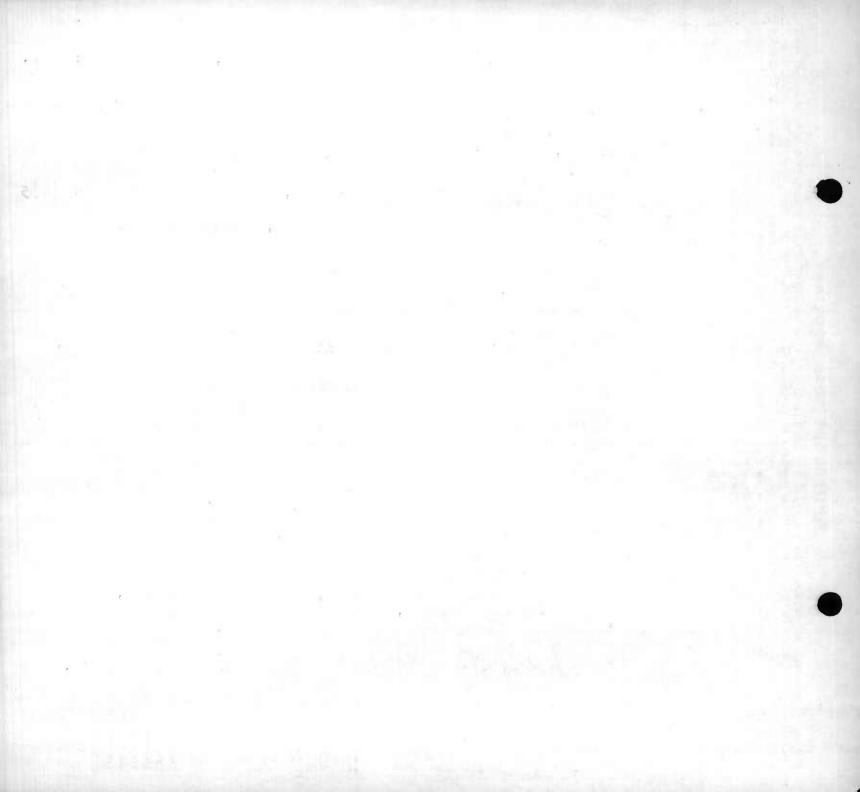


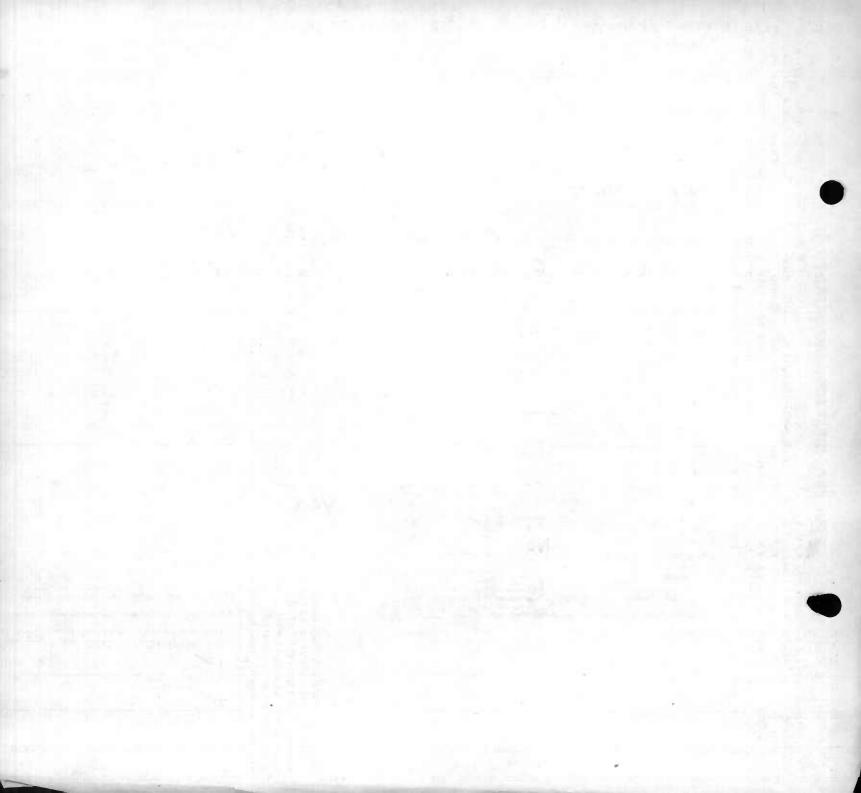
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

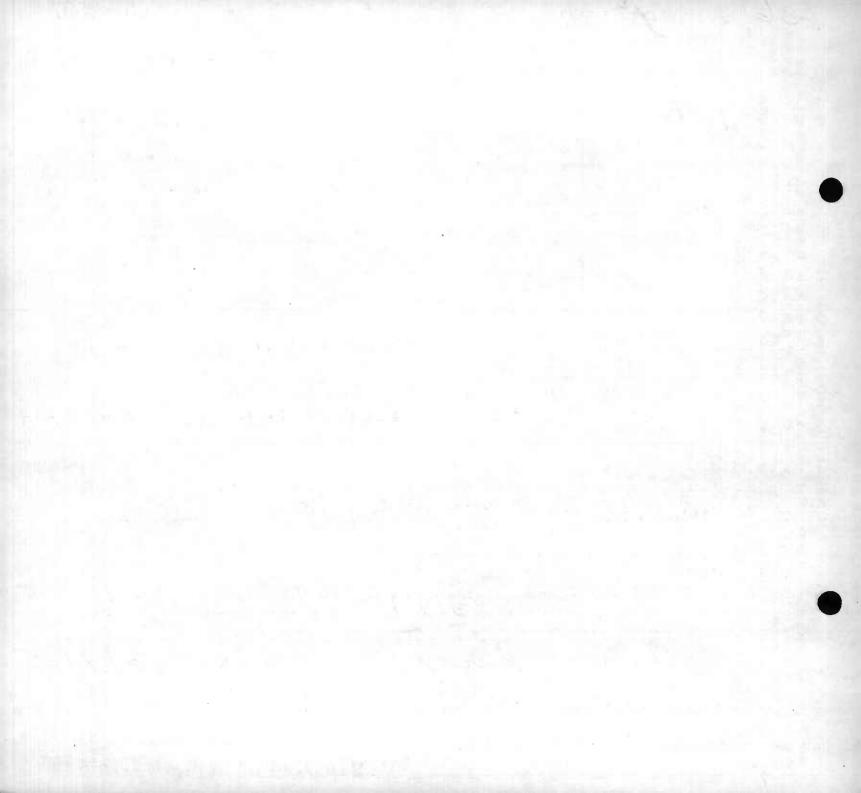




C	5 2596		BALTIMORE CITY	HEALTH DEPARTMENT		05 0500
M.E. CASE NO.	0 12000		CERTIFICA	TE OF DEATH	Registered No.	65 2036
I. NAME OF DE	CEASED			2, DATE	AND HOUR OF DEATH	
Type or Print)	RADNUA	DT G	ENEVIEVE	M	317/45	140 4.
. PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND	ENEVIEVE	4. USUAL RESIDENCE (W	nere deceased lived. If in	stitution: residence before admission.
				A, STATE B. COL		
FULL NAME	OF (If not in hospital	or institution,	give street	Mionsul	wane	Maryland
HOSPITAL OF	address or location	n)	the state of	C. CITY OR TOWN (IF	outside city limits, write	RURAL and give tawnship)
	1 1	1	/	Rath	1.1.110	2601
6	MARYLAND	TENE	12/2/		mure If rural, give location)	
		,		1000 01	-	1.
				6008 14	amninglo	W AVE
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED  O, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Manths Doys Hours Min,
H	W		<i>y</i> ,,	10-9-0t	1-Q	
OA. USUAL OC	CUPATION (Give kind of war	k 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
lone during most o	of warking life, even if retired)			n 0		WHAT COUNTRY?
Hon	sewife	Hou	sewife	Penen	Samo	14.5 19
3. FATHERS NA				14. MOTHER'S MAIDEN N	AME	
	11.	C	/	50	1.10 0	0
	HLON30	21660	K	thira	vern de	licer
5. Was Decease Yes, na ar unknas	od Ever in Us. Armed Fa	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
	, , , , , , , , , , , , , , , , , , , ,			· do	Vitar	Ca
No			None	Nang	niec	Jame
18. 2	00,/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI			0		
	LEADING TO DEATH		(A)	bumpoho So	ar Coma	
(This does	not meon the made al	dying, e.g.	, DUE TO			**************************************
	mplication which caused		,	0 1		
	ANTECEDENT CAUSES		(B)	-		
			DUE TO		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	······································
	OR CONDITIONS, IF					
	he above couse (A) NG CONDITION last.	siding the	(C)	***************************************		~~~~
Z OTHER SIG	III	CONTRIBUTION	C			
E TO THE	NIFICANT CONDITIONS ( DEATH BUT NOT REL	ATED TO TI	HE			
DISEASE O	R CONDITION CAUSING	fT.		120.4	N N OOR IS	
T IYA. DATE	OF OPERATION 198. CON	NDITION FOR	WHICH OPERATION	ZUA. AUTOPSY? (Tes or I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
E .				no		
OP CONTRI	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Baltimare	e City, give exact tacation)
<b>▼ DEATH</b> (noti	fy medical examiner)	etc		ince biog., INJURI OCCUR!		
U						
21 D. TIME	(Manth) (Day) (Year)		E, INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)			hile At Not White			
				7/0	16	3/2 /1
	y that (1) (this hospita			5/3/	19 6.2 to	3// 1903
that (I) (we	) lost sow the deceas	ed olive on	140 AM 3/7	19 \$5 ond	hot in (my) (our) opi	nion death occurred on the do
23A. SIGN AT		iled opove* (	(i) (iie) (ala not) v	iew the body ofter deoth	•	
Z3A. SIGNA	0 1/	0	0			23B, DATE SIGNED
	too Hum	2 )7	M.D. Atte	nding Med.	Stoff Phys.	3/7
23 C. PHYSIC	N'S			23D. ADDRESS	, / (	1 /
PHYSIC NAME	VType)	C				
	100 HV11	11 )	PHN M.D.			
AA. BURIAL CE	EMATION, 248. DATE	24C. N	AME of CEMETERY or CRE	MATORY 24D.	LOCATION (Ci	ty, tawn, or county) (State)
REMOVAL		10/2			****	
Buri		1965 S	t. John's Ceme	tery Ca	mp Hill	Penna
DA. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAL	25C. FUNERAL DIRECTO	R	ADDRESS 36
The state of the s	MAR 1 0 1965 (	The serio	E. Mansah	Jan 0 0 9	The last	24 74N Bolo 1
	111111111111111111111111111111111111111	Mary Mary		Dessamm	ALMERICA ITO	in in interior !
'S 150-REV. 1/1						

Mary Course 155 Elizabeth Street Buckeyer 12 1/2 West Jos Hyan Schn FUNERAL DIRECTOR: IMPORTANT

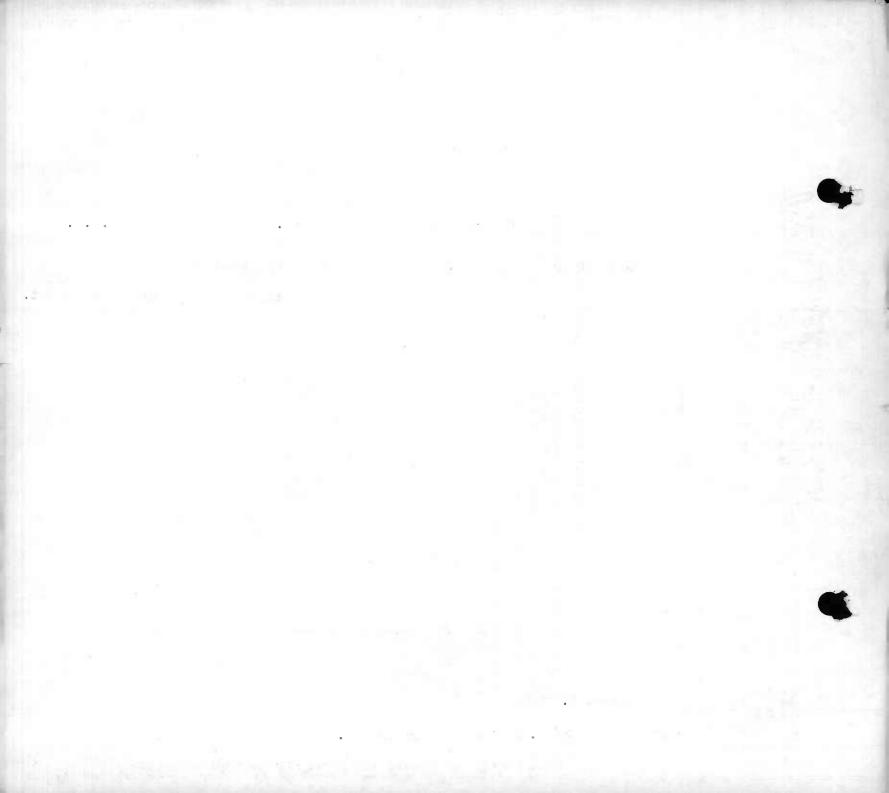
CERTIFICATE OF DEATH Registered No.  DEATE AND STREET ACTION TO DEATH IN BALTIMORE MARIAND  A PLACE OF DEATH IN BALTIMORE MARIANDOR MARIANDOR MARIANDOR MARIANDOR MARIANDOR MA	BIRT	or oron	BALTIMORE CITY	HEALTH DEPARTMENT	65 259
LINAME OF DECEASED  PLACE OF DEATH IN BALTIMORY MARTLAND  A USUAL RESIDENCE Where Greeceds lived. If insulations residence bade and the control of the con		00	CERTIFICA	TE OF DEATH > Registered No	
Trace of Death in Baltimore Mathana   A. LEAN ESIDENCE When weed to the literatural of					4
2. PLACE OF DEATH IN BALTIMORY MARKED  FULL NAME OF (III not included)  FULL NAME OF (III not inclu			1.11	2/12/	65,50
FULL NAME OF HOSPITAL OR dedeas or location in heapfield or institution, give street MOSPITAL OR MOSPI	3. P	LACE OF DEATH IN RALTIMORE MARYLAN	Din Allen.	IIA HSHAL RESIDENCE (Where Receased lived II	la etitution, politone a holo
He git of the Women of Md.  D. STREET ADDRESS III rural, give location  SP2P West word Apvenue - Ba  No Women Art of Months   Sp2   West word   Months   Months		The state of the s		A. STATE B. COUNTY	institution, residence belot
He spital for the Women of Md.  D. STREET ADDRESS (II rural, give location)  D. STREET ADDRESS (II rural, give location)  SP2 West word Appendix Box (II rural, give location)  SP2 West word Appendix Box (II rural, give location)  SP2 West word Appendix Box (II rural, give location)  MONTH TO ME APPENDIX (II rural)  AD JUJAL OCCUPATION (Give lind of work) [Dis Kind Or FUSINESS OR INDUSTRY II. BIRTHHACK (State or loveign country)  Solution and dividing like, war of rulary and rural like, war of rural lik	F	ULL NAME OF (If not in hospital or insti	itution, give street	md. Baltimira C.	0.
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27 A. CCIDENT WAS UNDERLYING   21R. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURED While At Work   22F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURED While At Work   22F. HOW DID INJURY OCCUR?  22 I certify that (I) (this hospital) attended the deceased from 1965 to 3/7 (hot (I) (we) lost sow the deceased alive on 7/1965 and that in (my) (our) opinion death occurred and hour and from the causes stated above. (I) (We) (did) (100 m) view the body ofter death.  23A. SIGNATURE   23B. DATE SIGNED   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   23D. ADDRESS   24C. NAME of CEMETERY of CREMATION, REMOVAL (Specify)   24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county)	ATI		10 THE		
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ond hour and from the couses stoted obove. (I) (We) (did) (1998) view the body ofter death.  23A. SIGNATURE    Cioux M.D.   Attending   Med.   Stoff   Med.   Stoff   Med.   Med.	ME		7 / 1-1.	/ - /	pinion death accurred
23A. SIGNATURE  JOLQUES E. RIOUX M.D. Attending Med. Director Phys. 3/7  23C. PHYSICIAN'S NAME (Type)  DACQUES E. RIOUX MD M.D. WOMEN 5 HOSPITA  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county)	ME	, , ,,			on devin occorred
JACQUES E. RIOUX M.D. Attending Med. Director Phys. 3/7  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county)	ME	and have and from the access stated at			
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NAME (Type)  DACQUES E. RIOUX MD M.D. WOMEN 5 HOSPITA  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION  (City, town, or county)	ME		0		238. DATE SIGNED
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REMOVAL (Specify)	ME	23A. SIGNATURE  JOLGNES E. 1 23C. PHYSICIANS	Cioux M.D. Atte	ending Med. Stoff Phys. 23D. ADDRESS	3/7
Burial 3-11-1965 Parkwood Cemetery Baltimore Co Mc 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRES	WE	23A. SIGNATURE  JOLGNES E. ( 23C. PHYSICIAN'S NAME (Type)  JACQUES E. (	Cioux M.D. Atte	ending Med. Stoff Phys, X  23D. ADDRESS  WOMEN 5 HOSPITA	3/7
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTEAR 25C. FUNERAL DIRECTOR ADDRES	WE	23A. SIGNATURE  JOLY WES E.  23C. PHYSICIAN'S NAME (Type)  DACQUES E.  BURIAL CREMATION. [248. DATE	Cioux M.D. Atte	ending Med. Stoff Phys, X  23D. ADDRESS  WOMEN 5 HOSPITA	3/7/
MAR 1 0 1965 (2) 20 E TOURN A M A M D	WE	23A. SIGNATURE  JOLY WES E.  23C. PHYSICIAN'S NAME (Type)  DACOUES  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	RIOUX MD M.D. 24C. NAME OF CEMETERY OF CRE	ending Med. Stoff s. Phys.  23D. ADDRESS  WOMEN 5 HOSPITA  EMATORY  24D. LOCATION  (1)	3/7/
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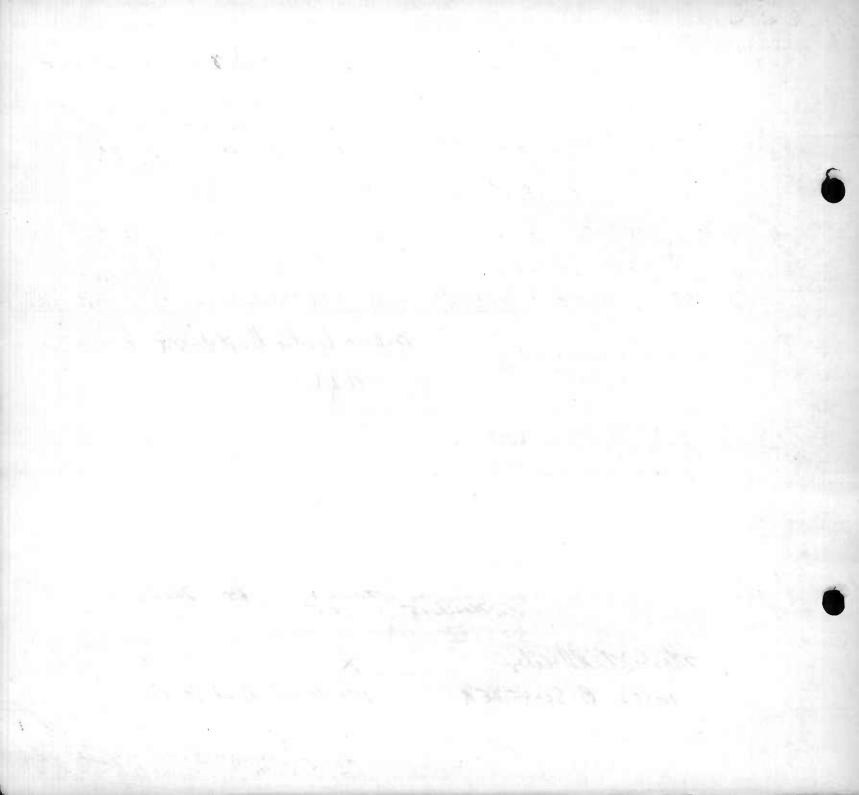
BALTIMORE CITY HEALTH DEPARTMENT

MPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/65



	65 2599	BALTIMORE CITY HEALTH DEPARTMENT
M. C.	H NO.	CERTIFICATE OF DEATH Registered No. 65 2599
1, N/	AME OF DECEASED	2. DATE AND HOUR OF DEATH
	e or Print) MARY DES	AND HARDY MARCH 7 1965 5.30 AND 14. USUAL RESIDENCE (Where deceased lived. If institution; residence before of
3. PI	LACE OF DEATH IN BALTIMORE, MARYL	AND  A. USUAL RESIDENCE (Where deceased lived. If institution; residence before of A. STATE  B. COUNTY
F	ULL NAME OF (If not in hospital or	
H	OSPITAL OR oddress or location)	nstitution, give street  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
111	1311011011	BALTIMORE
	28 S. PuLA	D. STREET ADDRESS (If rurol, give location)
	of 8 8 - Cath	28 LASITI St.
5. SE	EX 6. RACE 7.	MARRIED, NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years   funder 1 Yr.   f Under WIDOWED, DIVORCED (specify)  Months; Doys   Hours;
18	EMALE WhiTE	vidoued Feb. 3, 1877 88
10A.	USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	during most of working life, even if retired)	WHAT COUNTRY?
	PRESS 44/162 1	PRESSIGNAKING MARYLAND U.S.A.
. J. F		
	NosEph Bos	LEY VIRGINIA
Yes.	Nas Deceosed Ever in U. S. Armed Forces ,no or unknown) (If yes, give wor or dotes o	? 16. SOCIAL 17. INFORMANT ADDRESS
	NO NONE	144-01-7139 DOROTHY DRUGGE 285, PULAS
_	18. 4.20.01	CAUSE OF DEATH
	DISEASE OR CONDITION DIREC	onset and design on the months
	LEADING TO DEATH	arteriorelevator Heart disease 6 months
	(This daes not meen the made of dy	
	heart faiture, asthenia, etc. It means the injury ar camplication which coused de	al \
	ANTECEDENT CAUSES	(B)
	DISEASES OR CONDITIONS, if on	DUE TO
	rise to the above cause (A) st	
	UNDERLYING CONDITION fost.	Seattle Control of the Control of th
7	II .	
0	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE	
CA	DISEASE OR CONDITION CAUSING IT.	ION FOR WHICH OPERATION [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE FINDINGS CONSIDERED
표	WAS PERFOI	MED IN CERTIFYING CAUSES OF DEATH?
CERTIF	21A. ACCIDENT WAS UNDERLYING	
4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
U		
100	21 D. TIME (Month) (Doy) (Year) ( OF INJURY	
177	(APPROX.)	While At Work At Work
5		want of the second of the seco
2	22. I certify that (I) (this hospital) a	ttended the deceased from March 1 1965 to March 15 19
V	22. I certify that (I) (this hospital) of that (I) (we) lost saw the deceased to	March 15
W	that (I) (we) lost saw the deceased	olive on March 15 1965 and that in (my) (our) opinion death occurred on
W	that (I) (we) lost saw the deceased and hour and from the couses stated	obive on Masch 15 1965 and that in (my) (our) opinion death occurred on obove. (1) (We) (did) (did not) view the body ofter death.
W	that (I) (we) lost saw the deceased	obove. (1) (We) (did) (did not) view the body ofter death.
W	that (I) (we) lost saw the deceased and hour and from the couses stated 23A. SIGNATURE	obive on Masch 15 1965 and that in (my) (our) opinion death occurred on obove. (1) (We) (did) (did not) view the body ofter death.    M.D. Attending   Med.   Stoff   3-9-65
W	that (I) (we) lost saw the deceased and hour and from the couses stated 23A. SIGNATURE	obove. (1) (We) (did) (did not) view the body ofter death.
×	that (I) (we) lost saw the deceased and hour and from the couses stated	obive on Masch 15 1965 and that in (my) (our) opinion death occurred on obove. (1) (We) (did) (did not) view the body ofter death.    M.D. Attending   Med.   Stoff   3-9-65
W	that (I) (we) lost saw the deceased and hour and from the couses stated 23A. SIGNATURE  MONTH SIGNATURE  23C. PHYSICIAN'S NAME (Type) MORRIS B SCH  BURIAL CREMATION, 1248, DATE	obive on Masch 15 1965 and that in (my) (our) opinion death occurred on obove. (1) (We) (did) (did not) view the body ofter death.    Attending   Med. Director   Phys.
W	that (I) (we) lost saw the deceased and hour and from the couses stated 23A. SIGNATURE  THE STATE OF SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MORRIS  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	obive on Masch 15 1965 and that in (my) (our) opinion death occurred on obove. (1) (We) (did) (did not) view the body ofter death.  Altending Med. Stoff 3-9-65  Phys. 23D. ADDRESS  M.D. 1519W. Simpland St. Calfirming ka
244	that (1) (we) lost saw the deceased and hour and from the couses stated 23A. SIGNATURE  MOTOR SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MORRIS  BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL 3-11-6.	obove. (1) (We) (did) (did not) view the body ofter death.    Attending   Med. Director   Phys.   23B. DATE SIGNED   3-9-6V     Phys.   23D. ADDRESS   A.D.   15   9W. Sambard St. Belfinme   Med. Director   Phys.   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county)     Loudon   PARK   BALTIMORE, Moderate   Med. Director   Phys.   24D. LOCATION (City, town, or county)
24A.	that (1) (we) lost saw the deceased and hour and from the couses stated 23A. SIGNATURE  MOYNED BERLEY  23C. PHYSICIAN'S NAME (Type)  MORRIS  BURIAL CREMATION, 24B. DATE  REMOVAL ISpecify  BURIAL 3-11-6.	obive on Masch 15 1965 and that in (my) (our) opinion death occurred on obove. (1) (We) (did) (did not) view the body ofter death.  Altending Med. Stoff 3-9-65  Phys. 23D. ADDRESS  M.D. 1519W. Simpland St. Calfirming ka



Marpon

24C. FUNERAL DIRECTOR

248 NAME OF REGISTRAR

REMOVAL (Specify)

VS 151-REV. 1/1/65

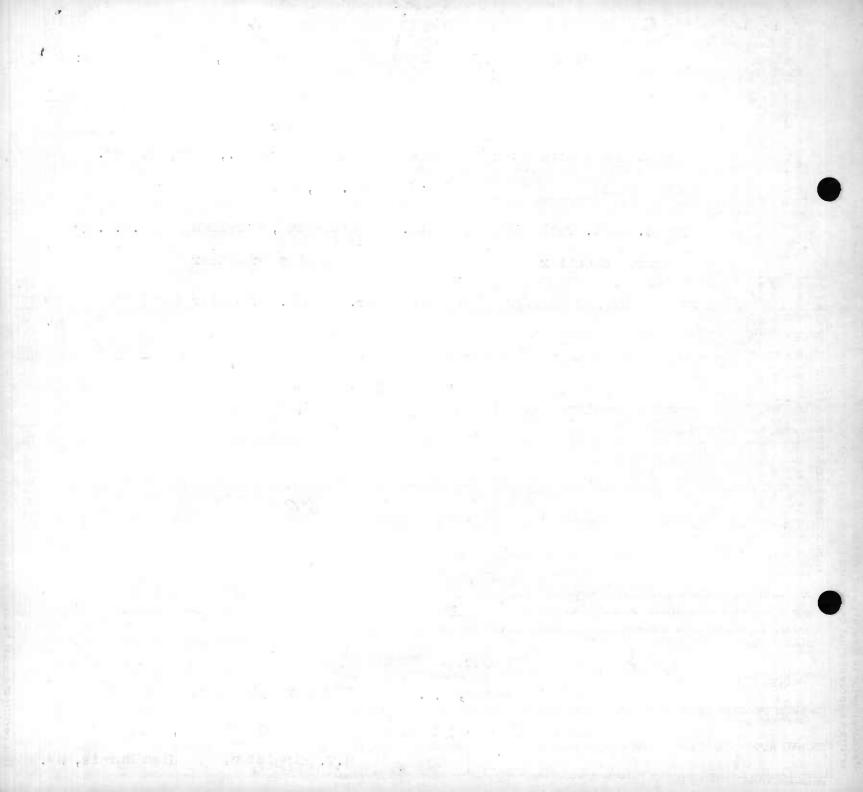
24A. DATE REC'D BY HEALTH

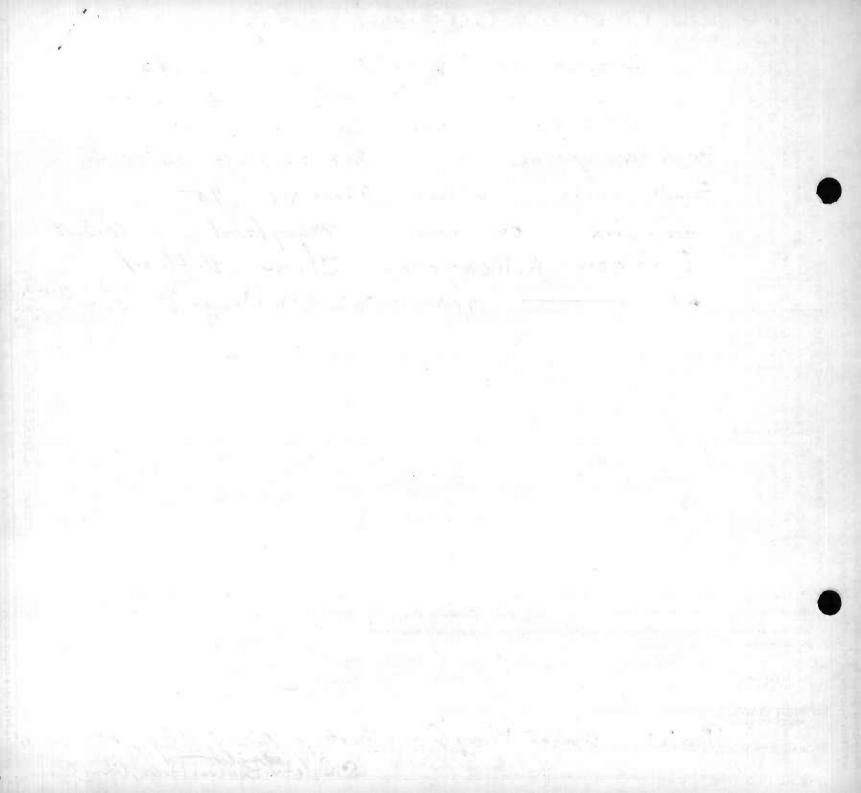
Mary Barrer antonio 100 Klat & Brown 20 Carlo Beriet Modern Glow Force Man Pk. Elen Berney IV

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Anne Arundel C. CITY OR TOWN (If outside city limits, write RURAL and give township) Camp Meade Rd., & Poplar Ave. If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours 2. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mr. John P. Schuehler (son) Same As #4 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (par) apinion death accurred on the date 23B. DATE SIGNED written approval deceased (City, town, or county) , Maryland SID 25C. FUNERAL DIRECTOR R.V. Singleton. Glen Burnie. Md. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.





65 2603

BALTIMORE CITY HEALTH DEPARTMENT

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2	O	U	5

BIRTH NO.	MEDI	CAL EX	CAMINER'S CI	ERTIFICAT	E OF D	EATH Registe	red No.
M.E. CASE NO.	CEASED				2 DATE AND	HOUR PRONOUNCE	ED DEAD
(Type ar Print)		OBERT F.	MVEDC				
3-PLACE IN BAL	TIMORE MARYLAND W			4. USUAL RESID	3-7-	leceased lived. If insti	1 4:45 PM.
EKIRISA	I E. GUNKEU	EU-II	3-22-65	Marylan	d	B. COU	Baltimore
HOSPITAL OR	ADDRESS OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TOW	VN (If outside	corporate limits, write	RURAL and give township)
				Essex	20		43-00
BALT	IMORE CITY HOS	SPITAL -	· DOA	D. STREET ADDR			
C CEV	6. RACE	T2 *****		B. DATE OF BIRTH	safras l		
5. SEX			DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
Male	White	Marr		Jan. 27.	1939	26	12 CITITAL OF
done during most of	working lile, even if retired)					country)	12. CITIZEN OF WHAT COUNTRY?
Stockroom		Trucki	ng Co.	Maryl:			USA
	Fredrick My	rane					
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	na Bryar	16	ADDRESS
Yes, no or unknow	n) (If yes, give war or date	s of service)	SECURITY NO.	E. 0			
18.	1902		216-36-2311	Edna Car	rrigan	Same	INTERVAL BETWEEN
28	× 5.7		CAOSE	OF BEATH			ONSET AND DEATH
DISEA	ASE OR CONDITION DIE LEADING TO DEATH	RECTLY		Depressed	ckull.	fracture	
(This does	not meon the mode of e, asthenia, etc. It meons	dying, e.g., the disease,	DUE TO	Depressed	SKULL .	LIGO CUI C	### 0 0 0 # ## 0 ## 0 0 0 # # ## 0
injury or co	omplication which coused	death.)					
	ANTECENDENT CAUSE	S	(8)				
DISEASES RISE TO TH	OR CONDITIONS, IF A	NY, GIVING	DUE TO			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
UNDERLYI	NG CONDITION LAST.		(C)				
OTHER SIGN TO THE DISEASE OF 19A. DATE OF THE DISEASE OF THE DISEA	II		1 1/00000000000000000000000000000000000				***************************************
OTHER SIC	INIFICANT CONDITIONS						
DISEASE	DEATH BUT NOT REL OR CONDITION CAUSING		HE				
19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY	(Yes ar Na)	OB. IF YES, WERE FIN	NDINGS CONSIDERED
_				No			
O UNDERLYING	AL CAUSE WAS	home	PLACE OF INJURY (e.g., , farm, factory, street, o	ffice bldg., INJURY	OCCUR?	Backriver Ne	ve exoct location) eck Road
7	USE OF DEATH.	etc.)	Road	120	ft. Sou	th of Bay A	Avenue
OF INJURY	(Month) (Day) (Year	4:14	1E. INJURY OCCURRED	1	assenge		ver-of-auto which
(APPROX.)	3 7 '65	PM w. V	VHILE AT NOT YORK AT W	WHILE TO	eft road	and struck	k a tree
22.	rtify that I held an I	nquiry 🗌	Inspection X Aut	opsy and	that an this	basis, death in m	ny apinion
resu	Ited fram: Natural cau	uses A	ccident X Sulcid	Hamicie	de U	ndetermined manne	er 🗍
	111		2		EDICAL EX		
ACTUA	11 12 0	5 Kla	0 / / 11	ASSISTANT MI	EDICAL EX	AMINER	DATE SIGNED
SIGNAT		4 -		ASSOCIATE M			
NAME	(Type) PETER V		ERT, M.D.				3-8-65
23A. BURIAL CRI REMOVAL (Speci		23	C. NAME of CEMETERY o	CREMATORY	23D. LO	CATION (City,	town, or county) (State)
Buria		65 S	acred Heart of	f Jesus	Bal	timore Co.	Md.
24A. DATE REC'E		24B, NAME	OF REGISTRAR		AL DIRECTOR		ADDRESS
	MAR 1 0 1965	Robert	2 5 James	Brougdan	neki Fi	nomel Hema	1407 Eastern Ave.
VS 151-REV. 1/1		- 1	1	· principles 1	TIOKT I'M	HELST Home	Livi Dabtern Ave.

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2	0	U	4

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/	130	65 2604 BALTIMORE CITY HEALTH DEPARTMENT 65 2604
\/V.	650	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
. *		1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
		THOMAS WARD (Thomas M. Ward) March 5, 1965 16:00 P. M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)    C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	31	BALTIMORE CITY HOSPITALS  Baltimore  D. STREET ADDRESS (If rurol, give locosion)
		7736 Old North Point Road #77   5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs.
		WIDO WED, DIVORCED (specify)
		Male White Single October 14, 1894 70
		10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
		RETIRED. C.P.A. McKeesport, Pennsylvania U.S.A.
		? WARD ANNA O'TOOLE
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
		Yes W.W. 1 167-01-5671 Mr. George Bosche 7736 Old North Point Rd
		18. 4 / INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY
		LEADING TO DEATH  (A) Hypertensive and arteriosclerotic
		heort foilure, ostherio, etc. It meons the diseose, injury or complication which coursed death.
		ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO
		RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
		(C)
		O THER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER PEATH BUT NOT BELATED TO THE
		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
		DISEASE OR CONDITION CAUSING IT.  179A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		No
		4 21A. EXTERNAL CAUSE WAS O UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, sheet, office bldg., INJURY OCCUR? etc.)
		21D TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		(APPROX.)  MHILE AT NOT WHILE AT WORK
		l certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinian
		resulted fram: Natural causes X Accident Sulcide Hamicide Undetermined manner
		CHIEF MEDICAL EXAMINER DATE SIGNED
		SIGNATURE THE Z. DARW M.D. ASSISTANT MEDICAL EXAMINER X
		EXAMINER'S ASSOCIATE MEDICAL EXAMINER 3-6-65
		NAME (Type) John E. Adams, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Stotel
		Burial 3-9-65 Baltimore National Cem. 5501 Frederick Ave. Balto. Nd.
		24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
		MAR 1 0 1965 Robert E. tarber M.A. Single Baltimore, Md. 21224
		VS 151-REV. 1/1/65

Υ..... .Tarakları i e yezi T

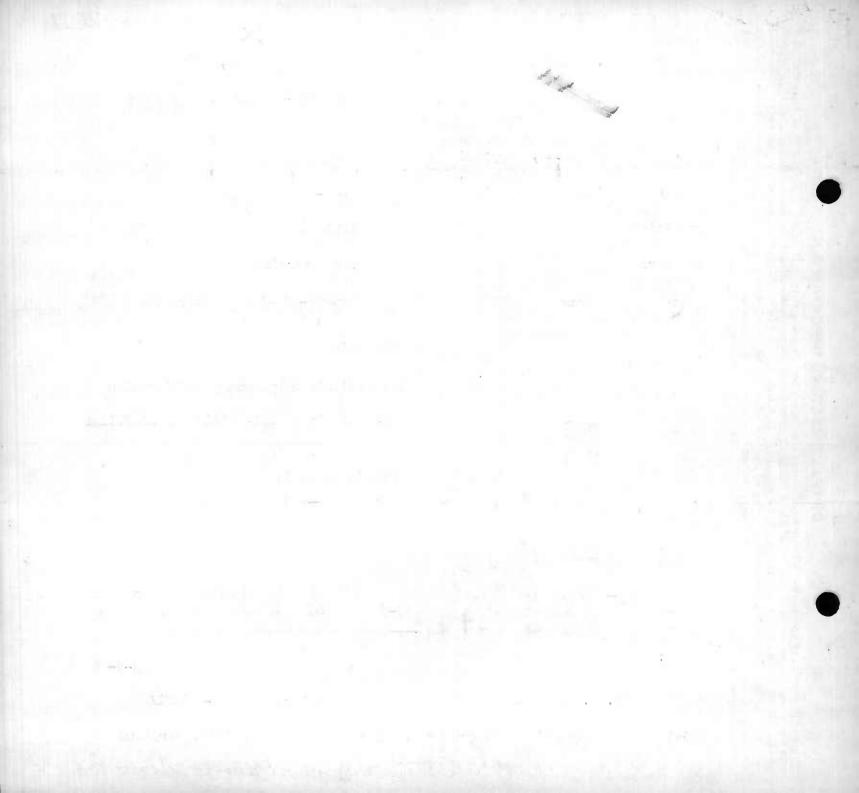
IN	11	nV
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
5	lirec	h th
TAN	istar he d	deat ce o
OR	ass if t	dan
IMP	r his	ounc itten
ä	er o	ar a
ō	mine	od od
REC	exe exd 3) A	in ri
5	dical ical	vas
RAI	med y	physican v
FUNERAL DIRECTOR: IMPORTANT	chie Body	the ysici
3	the all b	o ph
	d by spir	N (9
	rove he he	nd (
	app to th	1 (e)
	sed sed	Spite
	mus elea ccid	to d
	This certificate must be app the body was released to t shows: (1) An accident of ar	was D.O.A. at a hospital (edeceased prior to death); written approval must be
	dy (E)	Ped p
	is ce e bo ows	as D
	무수수	3 P 3

	OF DODG	7	BALTIMORE CITY	HEALTH DELAKTMENT		OF GOO.
BIRTH NO.	bo Zbut	)	CERTIFICA	TE OF DEATH	Registered No	65 2606
M.E. CASE  1. NAME O  (Type or Pri	F DECEASED	11/10 1	11-1-1	2. DATE AN	D HOUR OF DEATH	, 20 1
3. PLACE C	OF DEATH IN BALTIN	ORE, MARYLAN	JARGARET H	4. USUAL RESIDENCE (Wh	7 65 le decebsed lived. If inst	itution; residence before admission
				A. STATE B. COUN	TY	7.729
HOSPITA	L OR oddress	n hospital or insti or location)	tution, give street	C, CITY OR TOWN THE	Iside city limits, write RL	IRAL and give township)
10			/	Balt.	mor e	
8	MARYLA	NI) (TE	WERDL	D. STREET ADDRESS	rurol, give location)	P. #10
. S EX	6. RACE	17. KAA	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
FI	N	WI	DOWED, DIVORCED (specify)	11/8/89	lost birthdoy	Months Doys Hours Min,
	OCCUPATION (Give most of working life, ever		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE/State for forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	4. W.		· ·	Wis Conso	a Opio	U.S.
3. FATHER	D O		10	14. MOTHER'S MAIDEN NA	ME O	,
	Kalph 1	4 (01	nnable dec	CLARA	Shoup	dec,
Yes, no or un	ceosed Ever in U.S. nknown) (18 yes, give	Afmied forces? vor or dotes of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Musba	nd	Dame
18.	20,/1	MON DIRECTIVE	CAUSE O	F DEATH	andian	ONSET AND DEATH
1	DISEASE OR CONDI LEADING TO			Marchan de	10000	5 days.
	loes nal mean the ailure, asthenia, etc.			projective	Jon Jove Co	
	ar camplicalian whic	h caused death.		to inscharation	cardio vas	2
	ANTECEDENT		DUE TO	Octo 20010 ILC	cware cas	
	SES OR CONDITION			dislase		
UNDE	RLYING CONDITION	l last.	Ровин додин и и до и додина на предостава	##### # #### # # # # # ## ## ## ## ## #	100 0 000 (v)	
E TO T	SIGNIFICANT CONT HE DEATH BUT I	NOT RELATED T	BUTING TO THE			
U 19A. DA	TE OF OPERATION	198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FII	NDINGS CONSIDERED
19A. DA		WAS PERFORME		Yee	IN CERTIFYING CAUS	SES OF DEATH?
OR CO	CCIDENT WAS UNDINTRIBUTING CAUS	EOF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. 11/ OF INJ		y) (Year) (Hou	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPRO			While At Not Whill At Work	• 🗆 ,		
22. l c	ertify tha (1) this	hospital) atter	ided the deceased from	3/6	19.65 10 3	17 1965
	ertify that (1) (this (we) last saw the		1 20 111 -/	7		
that (1	(we) last saw the	deceased aliv	1 21 AAI - /	19 65 and th		
that (1)	(we) last saw the	deceased aliv	e an 420 AM 3/7	19 and the liew the bady after death.	at in (my) (aur) apini	
and ha	(we) last saw the ur and from the constant of the last	deceased aliv	e an 420 AY, 3/7  ave (1) (We) (did) (did nat) v  Solve (A)	19 5 and the leady after death.	at in (my) (aur) apiri	an death accurred an the dat
and ha 23A. SIG	(we) last saw the ur and from the constant of the last	deceased aliv	e an 420 AY, 3/7  ave (1) (We) (did) (did nat) v  Solve (A)	19 and the liew the bady after death.  Inding Med. Since the lieuter 23D. ADDRESS	at i (my) (aur) apidi	an death accurred an the da
that (1) and ha 23A. SIG	(we) last saw the ur and from the call	deceased alivuses stated abo	ove (1) (We) (did) (did nat) v  Ooh  M.D. Atte	19 5 and the liew the bady after death.  Inding Med. S. Director 220. ADDRESS	at i (my) (aur) apidi	an death accurred an the dat
that (1) and ha 23A. SIC 23C. PH NA	(we) last saw the ur and from the constant of	deceased alivuses stated abo	o an 420 AM, 3/7 ave. (1) (We) (did) (did nat) vo. Attended to the Phy SOHN M.D. Attended to the Phy SOHN M.D.	19 5 and the riew the bady after death.  Inding Med. S. Director 23D. ADDRESS  Mary Carry  MATORY 24D. L.	Stoff Deneral	an death accurred an the date 238, DATE SIGNED 3/7  Nosp.
that (1) and ha 23A. SIG	(we) last saw the ur and from the construction of the construction	HYUN DAYE -10-65 REPT. 258. N	o an A20AM. 3/2000 (II) (We) (did) (did nat) vo of the phy of the	19 b and the riew the bady after death.  Inding Med. S. Director 23D. ADDRESS  MATORY 24D. L.  3 E	Stoff Phys. Deneral City.	an death accurred on the date 23B, DATE SIGNED  3/7  10wn, or county) (State)  MARYLAND
that (1) and ha 23A. SIG	(we) last saw the ur and from the construction of the construction	HYUN DAYE -10-65	ove (1) (We) (did) (did nat) volume (1) (We) (did) (did nat) volume (1) (We) (Alternative of the physical properties of the physical physi	19 b and the riew the bady after death.  Inding Med. S. Director 23D. ADDRESS  MATORY 24D. L.  3 E	Stoff Phys. Deneral City.	an death accurred an the date 238, DATE SIGNED 3/7  Absp. town, or county) (State)

Jest of trade 35 (3/3/11 processes Ofi Ralph M. Connechle Printered Street Married Townson of the State of for injury Solar Tee Hyun Scant

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

M.E. CASE NO.

VS 150-REV. 1/1/65

Registered No.

	CF C	2000	BALTIMORE C	TY HEALTH DEPA		CF 000
	NO. 65 2	2609	CERTIFIC	ATE OF D	EATH X Registered No	· 65 2669
1, NA/	ME OF DECEASED	VALDECK	ER, WILLIAM CARL		2. DATE AND HOUR OF DEAT	н   3:50A м.
3. PL A	ACE OF DEATH IN 8	ALTIMORE, MA	RYLAND	4. USUAL RESI		institution: residence before admission)
	LL NAME OF (IF	not in hospital	or institution, give street	MARYI		DRE
	SPITAL OR 00	ddress or location	n)		OWN (If outside city limits, writ	e RURAL ond give township)
0	ST.	AGNES I	HOSPITAL	D. STREET ADI		Q
		7101120	1001 11712	204 (	CLYDE AVENUE	
	TALE W	HITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	6-14-01	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done d	SUAL OCCUPATION luring most of working life		Detective Co.		E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	THER'S NAME	ALDECK			ACE MORROW	
Yes, no	os Deceosed Ever in to or unknown) (If yes,	U. S. Armed For give wor or dote	s of service) SECURITY NO.	ST. AGI	NES RECORDS -CA	ATON & WILKENS AVE
18		1				INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR C	ONDITION DI	RECTLY	Partino	arrest	OHSEL AND DEATH
(T	his does not meon	fhe made af	dying, e.g., DUE TO	wiene	Arrest exhil lujection	
	earl failure, asthenia njury ar camplication		death.)	Alexander	whill betertion	
		DENT CAUSES	DUE TO	ed organ	mot agentes	
	DISEASES OR CON se fa fhe above		any, giving			
U	INDERLYING COND					
12 1	OTHER SIGNIFICANT (O THE DEATH (	BUT NOT RELA	ATED TO THE			
			IDITION FOR WHICH OPERATION	YES	SY? (Yes or No) 208, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
CERT 21	A ACCIDENT WAS					nore City, give exact location)
AL	A. ACCIDENT WAS R CONTRIBUTING EATH (notify medical	CAUSE OF	218. PLACE OF INJURY (e. home, lorm, foctory, street, etc.)	office bldg., INJUR	RY OCCUR?	ore city, give exoct locations
0 21	D. TIME (Month)	(Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. H	IOW DID INJURY OCCUR?	
<b>&gt;</b>	F INJURY APPROX.)		While At Not V			
22	2. I certify that (1)	(this hospital	) attended the deceased from		1965 ta N	MARCH 9 19 65
			ed alive on MARCH 9	19 6		pinlon death occurred an the date
			ted abave. (1) (We) (did) (did not	) view the body	ofter death.	
23	A. SIGNATURE		10 11			238, DATE SIGNED
		deane	Mulli eus M.D.	Attending Phys.	Med. Stoff Phys.	3-9-61
23	NAME (Type)	(1)	м.	D. ST. A	SUES HOLPITAL	
24A. E	BURIAL CREMATION,	248. DATE	24C. NAME of CEMETERY or			(City, town, or county) (State)
R	REMOVAL (Specify)	3/12/4	5 B. IT. W.	T. Car	BITO	Md
25A. E	DATE REC'D BY HEAL	LTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNER	AL DIRECTOR	ADDRESS
	MAR 1	0 1965	P. D. & ESTAD AN	0 650	RUMAN SEI	harth
'S 150	0-REV. 1/1/65		The same of the sa	351	7 Frederict	Ave (29)

A E: Janes J

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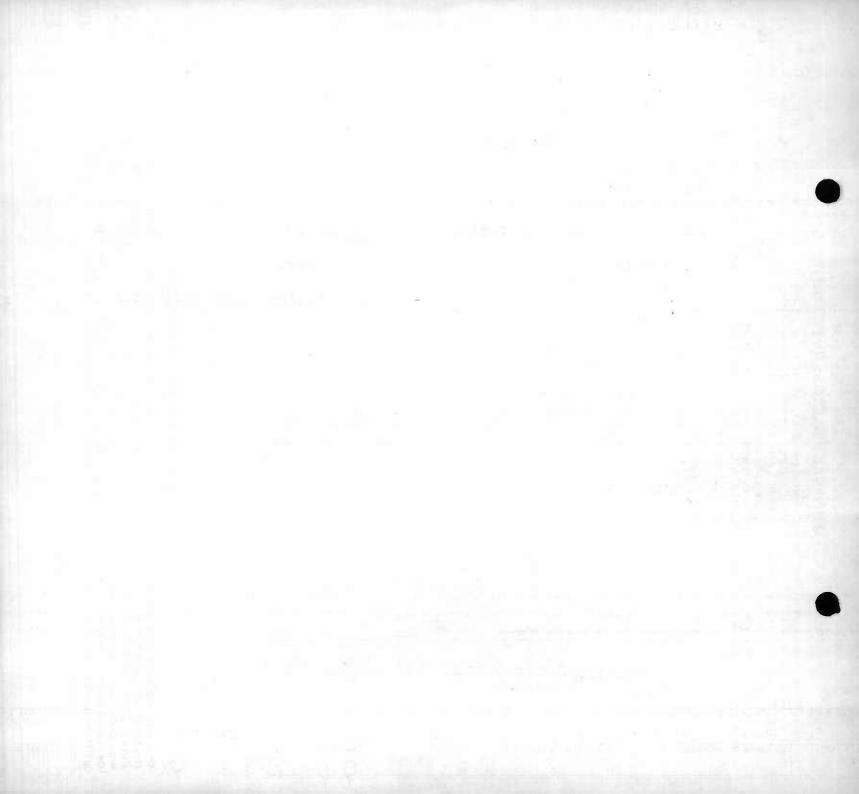
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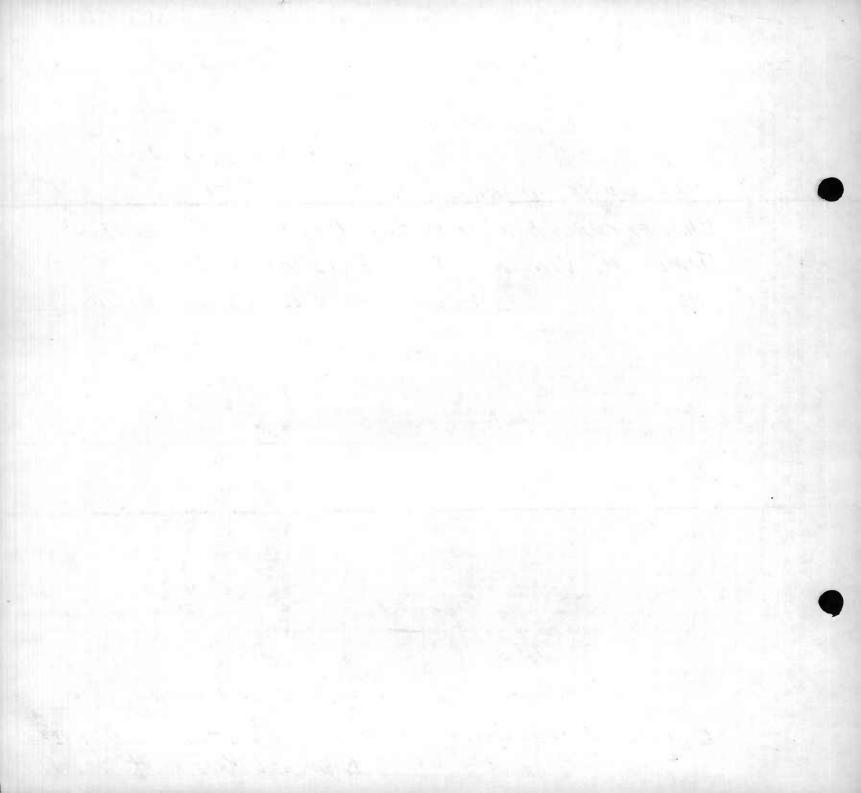
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		BALTIMORE CITY	HEALTH DEPARTMENT		05 0011
	TH NO. 65 2611	CERTIFICA	TE OF DEATH	Registered No.	65 2611
1. N	E CASE NO. COLLAME OF DECEASED,	1 . 1/1		ND HOUR OF DEATH	_
	De or Print) JAMES HAI	PRISON VII	NSON MAI	PCH 9 19	965 6 A. M.
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	ore deceased lived. If in	stitution: rosidonco bofore odmission)
F	FULL NAME OF (If not in hospital or institut	ion, givo streot	MARYLA	ND	1-a?
	HOSPITAL OR oddross or location) NSTITUTION	1 1	C. CITY OR TOWN (III o		RURAL and give township)
D	NSTITUTION 700 S. MO	NTFORD HVE.	DALTIM		
			D. STREET ADDRESS	rural, give location)	02 1.1-
5. S	EX  6. RACE  7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	MONTFO.	If Under 1 Yr., If Under 24 Hrs.
n	MAI - WIDO	OWED, DIVORCED (specify)	7-1-13	9. AGE (In yours lost birthday)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KIN	DOF BUSINESS OR INDUSTRY		oign country)	12. CITIZEN OF
done	e during most of working life, even if retired)	oc. of MD. Pilor	many	1.10	WHAT COUNTRY?
13. 1	FATHER'S NAME	04.04 170, 11201	14. MOTHER'S MAIDEN NA	AND MF	U. S. A.
-	Tana - 11 11:15	/	F / ' -	. / -	
15.	Was Decoased Ever in U. S. Armod Forces?	1 6. SOCIAL	ELIZABE	TH LE	ADDRESS
(Yes	(in or unknown) (If yes, give war or dates of serv	SECURITY NO.	1100 / 1// ·	1 11:	H Can a
	NO	215-10-6839	MRS. LILLIA	N VINSON	100 S. MOINT FORDAD
	18. 420.11	CAUSE OF	DEATH	- 0	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(1	oute aroxa	3 Thomba	in ageilo
	(This does not mean the mode of dying,	e.g., DUE TO	Cente Carona	) 1	
	hearl foilure, osthenia, etc. It meons the dise injury or complication which caused death.)	ose,	TOT 4 MOLDI	Botas	i 340-
	ANTECEDENT CAUSES	(B) CCCO	ers paga	or I work	3 7 7 -
	DISEASES OR CONDITIONS, if any, gi	ving	V		
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	The (C)	PTTO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	1				
Z O	OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO				
AT	DISEASE OR CONDITION CAUSING IT.				
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (o. a., in	or obout 21 C. WHERE DID	III in Baltimau	e City, give exact location)
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modicol exominor)	21 B. PLACE OF INJURY (o.g., in home, form, foctory, street, off etc.)	ice bldg., INJURY OCCUR?	WWW.	ony, give exoct tocollon
2	21 D. TIME (Month) (Doy) (Yoor) (Haur)	21E INJURY OCCURRED	21F. HOW DID IN	IIIBY O CCIIB?	
	OF INJURY	While At Not While		JORT OCCOR:	
		Work At Work	4)	1	1 - 1 -
	22. I certify that (I) (this hespital) attend	2. // 6	/ / ("	19 62 to //	Cosch 7, 19 61,
	that (I) (we) last saw the deceased alive				nian death accurred on the date
	and hour and fram the causes stated abov	e. (I) (We) (did) ( <del>did not) v</del>	iew the bady after deoth.		
	23A. SIGNATURE	M.D. Atto	nding Med.	Stoff	238. DATE SIGNED
	ONE BUYELEIANE	Phys	Director	Phys.	3/10/63
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	201-	a.
0.11	L.J. FEING	LOS NIO M.D.		RATT.	
24A	REMOVAL (Spocify)	C. NAME of CEMETERY OF CRE		OCATION (C)	ty, town, or county) (State)
6	BURIAL 3-12-65	JAKLAWN (E.	METERY L	DALTIMO	RE MARYLAND
25A	MAD 1 0 1065	ME OF REGISTRAR	25C. FUNERAL DIRECTO	RI V.	ADDRESS
	MINU T (1 1200, 1100)	M CM Advisor, MA	DAYMONDY	- KACZORO	WSKI 2525 TLEET
VS 1	150-REV. 1/1/65				

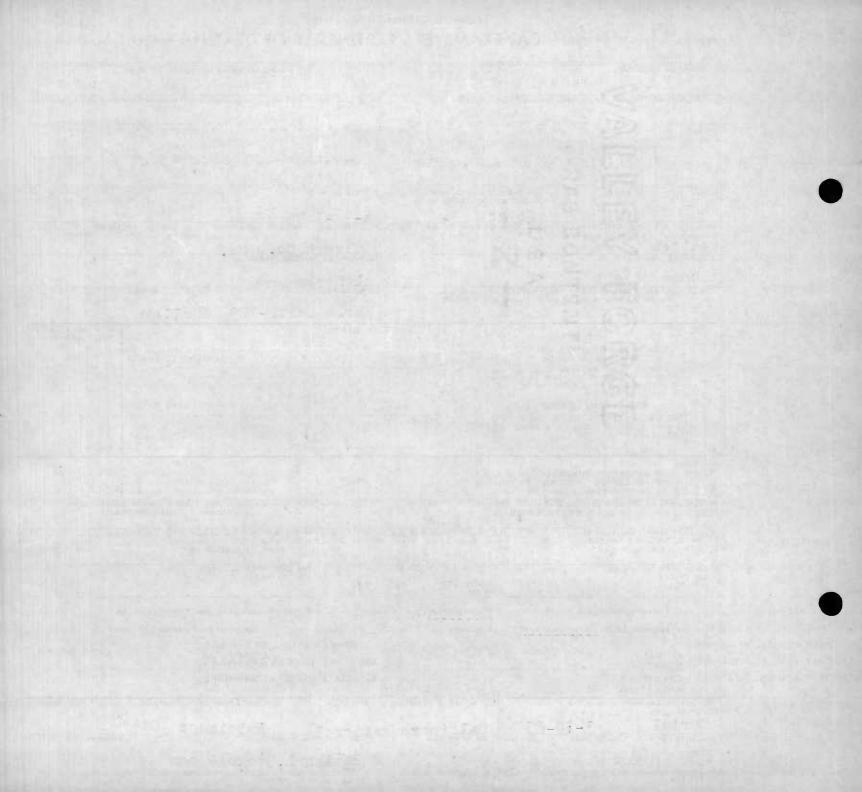


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1 3	0	)	0

BIRT	H NO.	COTTOWED	ICAL EX	CAMINER'S	CERTIFICAT	TE OF D	EATH Registe	red No	
M.E	CASE NO.			r ben files et					
1. P	AME OF DE						HOUR PRONOUNC		
			RICK HEI			Marc	h 6, 1965	8:4	+0 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  SOUTH BALTIMORE GENERAL HOSPITAL					4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  703 Y A11ev				
	lale	Negro	Never	DIVORCED (specify)	5-29-18	395	73	Months Doys	Hours Min.
Rental	during most of		rk 108. KIND OF	BUSINESS OR INDUST	Calvert	State or foreign	country)	12. CITIZEN OF WHAT COUN	ITRY?
15.	ONZA F	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	Altheri 17. INFORMANT	a ?		ADDRESS	
Yes	, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.	Mable S	mith-7	03 Y A]]	AW:	
	1B. 4	2 - 1		CAUS	SE OF DEATH	, mi ± 011 /		INTERV	AL BETWEEN AND DEATH
CERTIFICATION	DISEASES RISE TO TH UN DERLYI  OTHER SIG TO THE DISEASE O	LEADING TO DEATH  not meon the mode of control of the course of the cour	f dying e.g., s the discose, deoth.)  ES ANY, GIVING STATING THE SCONTRIBUTING ELATED TO TI G IT.	(B)(C)	ioscleroti				
	2		RFORMED	WHICH OPERATION  PLACE OF INJURY (e.g.	No	11	OB. IF YES, WERE FILL  O CERTIFYING CAU  In Boltimore City, gi	SES OF DEATH?	RED
1ED	UTING CAL	OR CONTRIB-	home, etc.)	form, factory, street,	office bldg., INJURY	OCCUR?			
	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes		HILE AT NOT	WHILE WORK	OW DID INJUR	Y O CCUR?		
	ACTUA SIGNAT EXAMI NAME (	VER'S Type)	Inquiry ☐ susses ☒ A  E, ☐ John	Inspection Accident Suici	de Hamici CHIEF MI D. ASSISTANT MI ASSOCIATE M D.	de Un EDICAL EXA EDICAL EXA	MINER AMINER	er 🗌	E SIGNED
REA	BURIAL CRE NOVAL (Specif Burial	fy)	10	C. NAME OF CEMETERY		23D. LO		town, or county)	(Stote)
		3-10-	~	Baltimobe of REGISTRAR	National.	AL DIRECTOR	ltimore	City	
N	IAR 10	1985 (2.0.	0 2 6	500	1 Isaiah	L.Bro	wn & son	COURTS	

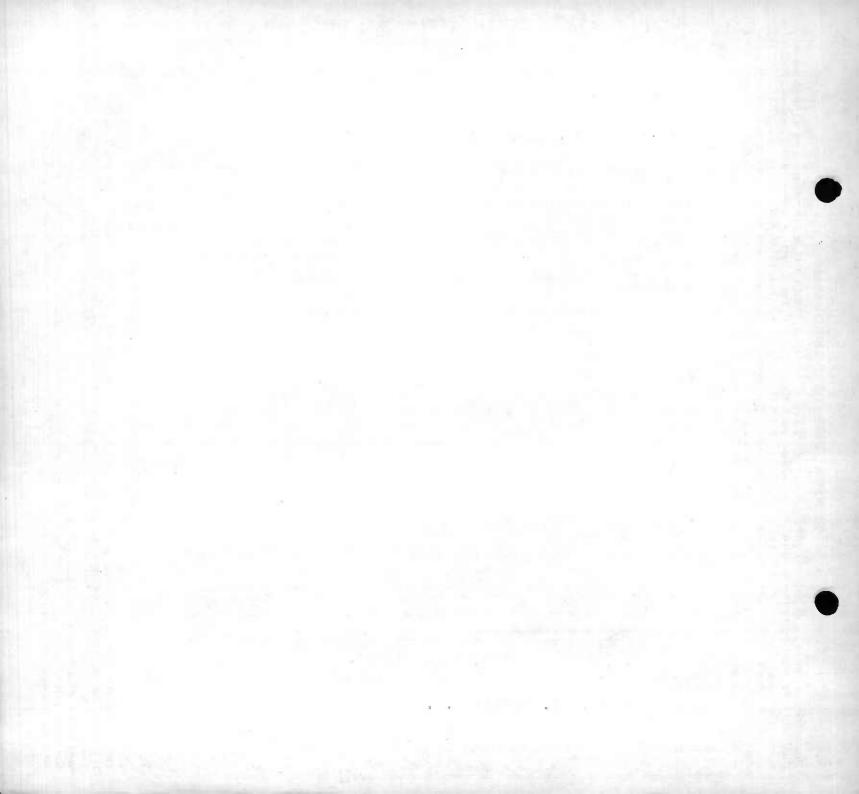
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FUNERAL DIRECTOR:

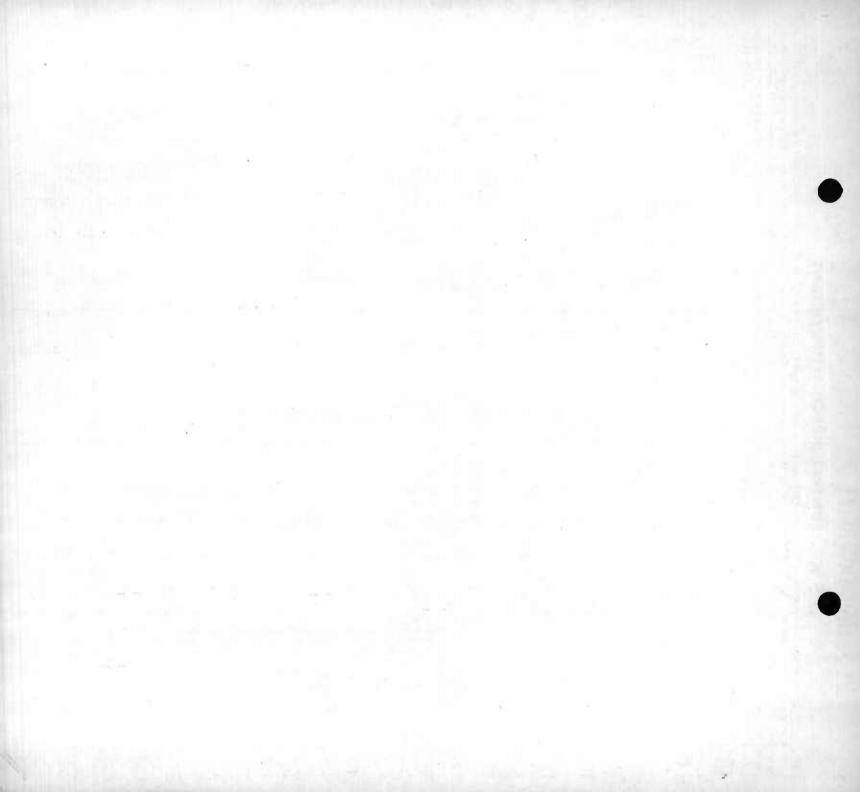
BALTIMORE CITY HEALTH DEPARTMENT

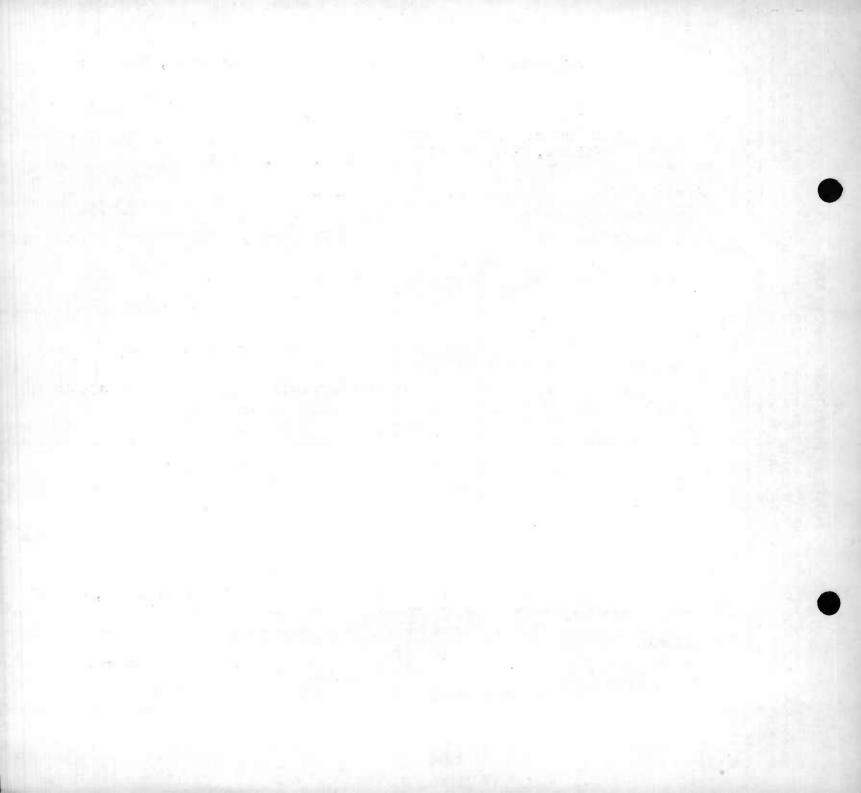


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4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS RECORDS: B.C.H. 4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH Month 5 Years 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 3-1-19 65 ... and that in (my) (our) opinion death occurred an the date 23 B, DATE SIGNED 3-1-65 25B, NAME OF REGISTRAR ADDRESS 25A. DATE\_REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65





	LTIMORE CITY HEALTH DEPARTMENT	65 2616
M.E. CASE NO. 65 2616 CE	RTIFICATE OF DEATH Registered No.	
NAME OF DECEASED	2. DATE AND HOUR OF DEAT	
JAMES UNKTER	3-6-65	11:201
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE 9. COUNTY	institution: residence before od
FULL NAME OF (If not in hospital or institution, give street	Mary land	1-03
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, writ	e RURAL and give township)
	Baltimore	
Lutheran Hospital	D. STREET ADDRESS (If rurol, give locotion)	11-1
	703 H. Lanvalles	**
5. SEX 6. RACE 7. MARRIED, NEVER N WIDOWED, DIVORC	ARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours
male lower widow	r Supt 7, 1907 37	
0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS one during most of working life even if retired)		12. CITIZEN OF WHAT COUNTRY?
Truck Mriver	abbeypulle South Carol	ind all
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,,,,,
mostly Carter	martha tour	20)
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCI		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	RITY NO. On Mill Protest	M 11.60.
110	CAUSE OF DEATH	ner 1200 Hope
18.		ONSET AND DE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DUE TO Brunchial Arthur.	48dey
(This does not meon the mode of dying, e.g.,	DUE TO	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		VX NIS
ANTECEDENT CAUSES	(B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving	DUE 10	
rise la the obove cause (A) stating the	IC)	f-lse.
UNDERLYING CONDITION loss,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	011 + 1.1	8 mo.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Rt heart failure	o mo.
U 194 DATE OF OPERATION 1198 CONDITION FOR WHICH OF	PERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
		DAUGES OF DEATH:
OR CONTRIBUTING CAUSE OF	FINJURY (e.g., in or about 21C. WHERE DID (If in Boltim actory, street, office bldg., INJURY OCCUR?	nore City, give exact location)
DEATH (notify medical examiner)		
Q 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY (		
(APPROX) While At Work	Not While At Work	
22. I certify that (I) (this hospital) attended the decea	sed from July 14 1963 to	2/7/65 19
that (1) (we) last saw the deceased alive on	2/18 19 (5 and that in (my) (our) a	/ /
and hour and from the causes stated above. (1) (We) (d		Fe. seem occorred on
23A. SIGNATURE	a) (and mor) view the body difer dedin.	23B. DATE SIGNED
-/	M.D. Attending Med. Stoff Phys.	3-10-6
128C PHYSICIANS	Phys. Director Phys. 23D. ADDRESS	5-10-6
PHYSICIAM'S NAME (Type)	10 20	001
hucius W. Leepe,	- Degong en	i Kd.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CI	METERY OF CREMATORY 24D. LOCATION	(City, town, or county)
Burial March 10, 1965 mt	Bear Cemetery	allimore Mary
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTI	25C. FUNERAL DIRECTOR	ADDRESS /
MAR I 0 1985 (DO BLO CO B)	1 0 0 (Nonto TIKUAN) 21	som forthuse

BALTIMORE CITY HEALTH DEPARTMENT

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Grant Law June Hilliam

VS 151-REV. 1/1/65

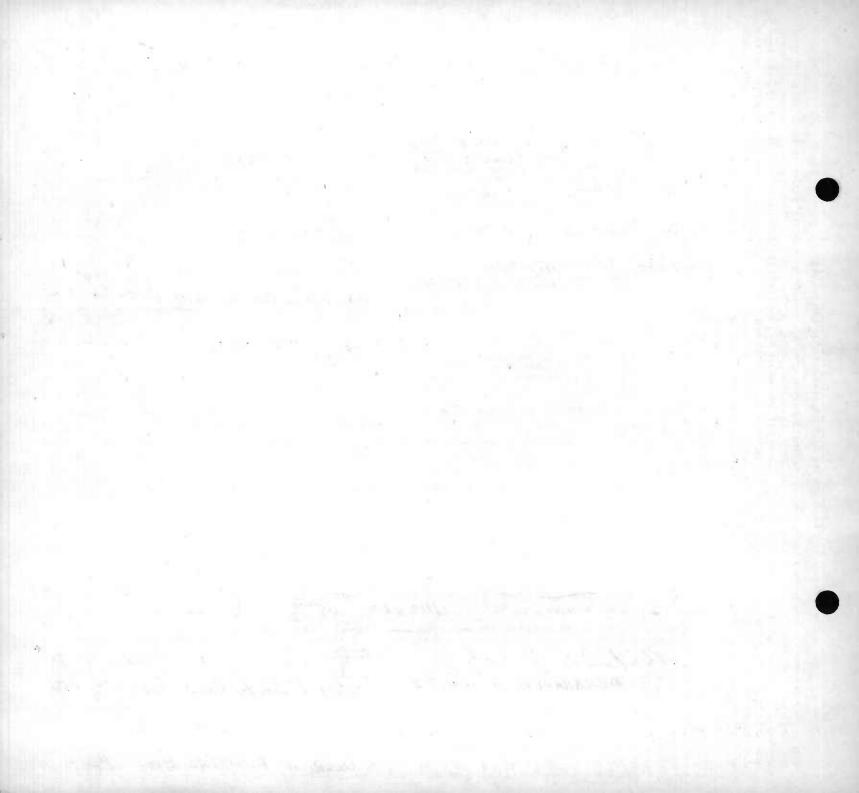
65-01977 BALTIMORE CITY HEAL	TH DEPARTMENT ERTIFICATE OF DEATH Registered To. 2617
BIRTH NO. 65 COMEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
RUDONNA MONTGOMERY	3-8-65 12:28 A. <sub>M.</sub>
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. SIATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	
SINAI HOSPITAL - DOA	Baltimore  D. STREET ADDRESS (If rurol, give location)
SINAL HOSFITAL - DOA	3623 Reisterstown Road 21215
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	1-11 1015 lost birthdoys Months Doys Hours Min.
Female Colored COVINGUES OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF
done during most of working life, even if retired)	Balt md WHAY COUNTRY?
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
t. lothe 1 montances	marie Ricos
95. WAS DECEASED/EVER IN U.S. ARMED FORCES? 1. S. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown of yes, give wor or doles of service SECURITY NO	20 211 A 3(12) P. T. T
no	Mare Montgomeny - 0623 Meisterston
18. 4-9 × i	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUF TO	Pneumonitis
heart foilure, asthenia, etc. It means the dispose, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT BELATED TO THE	
TO THE DEATH BUT NOT RELATED TO THE	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
₹ 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., i UNDERLYING OR CONTRIB- home, form, foctory, street, o	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	mee dag, hojoki occox?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE
22.	ORK L.
I certify that I held on Inquiry Inspection Aut	opsyk ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicide	Homicide Undetermined manner
110100	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ACCICE AND MEDICAL EVAMINED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) PETER W. RIECKERT, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY O	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	r CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Sunal 3-11-65 Balto Na	tional Salto. Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C TUNERAL DIRECTOR ADDRESS
MAR 1 0 1965 R. C. B. E. Farley H.	there alles the foot men
	The same of the sa

Zenvinensk 1-26-1965 # 522 Salta Mid Sid for A Mantyon of Man Rice - 12 Dec 14 CALL Burish 3-11-66 Batto 1/2 times Dalte

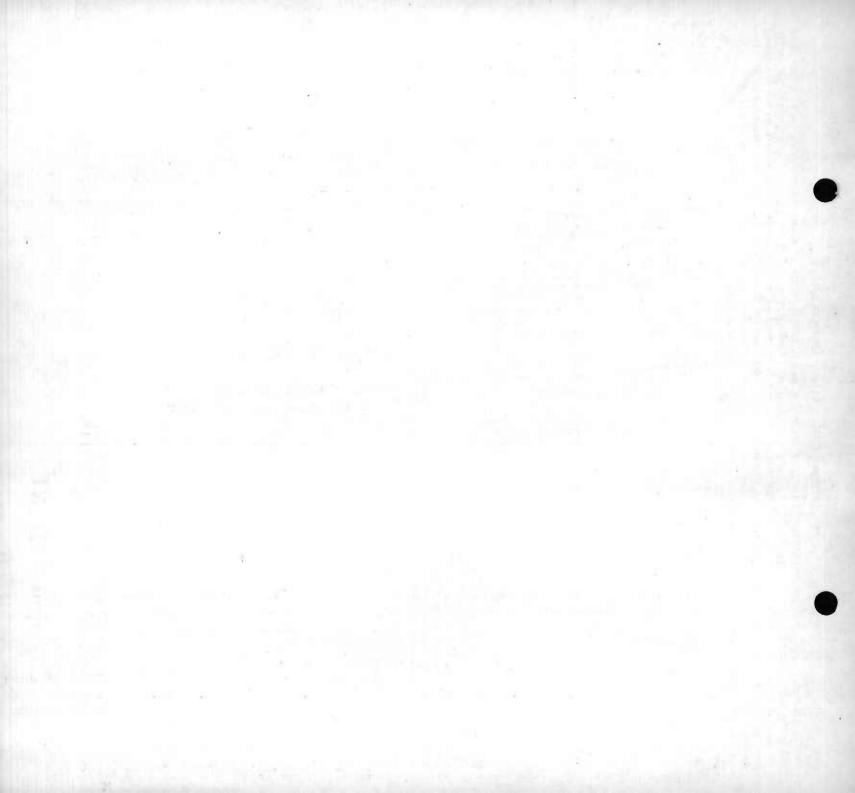
	death occurred in a hosp t or contributing cause Undetermined cause; (5) I as in regular attendance e deceased prior to dea
IMPORTANT	Also, if the directive of any kind; (4) snounced death waterndance on the different control of t
FUNERAL DIRECTOR: IMPORTANT	ificate must be approved by the chief medical examiner or his assistant if death occurred in a hosp was released to the hospital by a medical examiner. Also, if the direct or contributing cause 1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) I.A. at a hospital (except where the physician who pronounced death was in regular attendance death); and (6) No physician was in regular attendance on the deceased prior to dea
	ificate must be appr was released to the 1) An accident of any A. at a hospital (ex 1) prior to death); at

shows: was D.(

BALTIMORE CITY HEALTH DEPARTMENT e; (5) Deceased dance on the death. Registered No. 00 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) GEORGE WILLIAMSON 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before A. STATE B. COUNTY MO FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) mount Omvaleson prior 3706 nortonia STREET ADDRESS (Il rurol, give location MARRIED. NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. WIDOWED, DIVORCED (specify) Hours lost birthdoy WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loseign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) DRAWER RYLAND 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(If yes, give war or dates of service) 17. INFORMANT SECURITY NO. MRS. FRANK CARNES 3111 MORAVIA AVE. CAUSE OF DEATH INTERVAL BETWEEN 420. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, loim, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notily medical exominer) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from march 2 that (1) (see) last saw the deceased alive an 19(+) and that In(my) (our) opinion death occurred on the date and hour ond from the causes stated above. (1) (#e) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. 23D. ADDRESS 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specily) decease LAWN 3-10-6 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTO VS 150-REV, 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT



(1)	0000	BALTIMORE CITY HEA	ALTH DEPARTMENT		65 2620		
BIRTH NO.	2620 MEDI	ICAL EXAMINER'S	CERTIFICATE OF	DEATH Register	ed Na		
M.E. CASE NO.	77120		JEKTII TOX TIE OT				
1. NAME OF DE	CEASED		2. DATE AN	ID HOUR PRONOUNCE	D DEAD		
(Type or Print)	John	Eigenbrodt	Ma	rch 6, 1965	5:15 P		
3. PLACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If institu	ution: residence before admission		
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland				
HOSPITAL OR	AODRESS OR LOCA	ATION)	C. CITY OR TOWN (If outside	le corporote limits, write	KUKAL and give township)		
			Baltimore				
	3704 Liberty	Heights Ave.	D. STREET ADDRESS (If rurol				
C CEV	1/ 24.02			ty Heights A			
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours, Min.		
Male	White	Never Married	May 5, 1937	27			
	CUPATION (Give kind of work working fife, even if retired)	108 KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Teache	rp	Education	Maryland		USA		
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	E			
John G.	Eigenbrodt		Frances M. Pe	rina			
15. WAS DECEAS	ED EVER IN U.S. ARMED		17. INFORMANT ADDRESS				
	117 (17 yes, give wor or otte	S of Services	John G. Eigenbr	odt 4219 Shar	mrock Ave 21206		
1B.	204V.	CAUS	E OF DEATH		INTERVAL BETWEEN		
DISE	ASE OR CONDITION DI	DECTI V			ONSET AND DEATH		
	LEADING TO DEATH	Aspl	hyxia				
heort foilure	not meon the mode of e, osthenio, etc. It meons emplication which caused	the discose.  DUE TO has	nging				
Injuly of Co	implication which coused t	000111.7					
	ANTECENDENT CAUSE	/ P)					
RISE TO TI	OR CONDITIONS, IF A	NY, GIVING DUE TO					
	NG CONDITION LAST.	(C)					
<u> </u>		( \( \psi \) for a constant of the constant of	***************************************				
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTING			TO SELECT OF SE		
S TO THE	DEATH BUT NOT REL	LATED TO THE	••••				
19A. DATE O	F OPERATION 198, CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED		
0 0	WAS PERI	FORMED	no	IN CERTIFYING CAUSE	S OF DEATH?		
21 A. EXTERNA	AL CAUSE WAS	21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	(If in Boltimore City, give	e exact location)		
UTING CA	JSE OF DEATH.	etc.) home		berty Height			
E 21 D TIME	(Month) (Doy) (Year		1				
OF INJURY (APPROX.) Found				1.6			
Found	Mar. 6, 1965	4:3UE WORK AT	work Nork Nanged s	err			
	tify that I held on I	nquiry Inspection X Au	utopsy and that an th	is basis, death in my	apinian		
resu	Ited fram: Natural car	uses Accident Suici	de X Homicide	Undetermined manner			
	0.	1 -	CHIEF MEDICAL EX	AMINER -			

SIGNATURE

HOLAND, ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER DATE SIGNED

EXAMINER'S NAME (Type) 23B. DATE

John E. Adams, M.D.

23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION Mar. 7, 1965

ADDRESS

(City, town, or county)

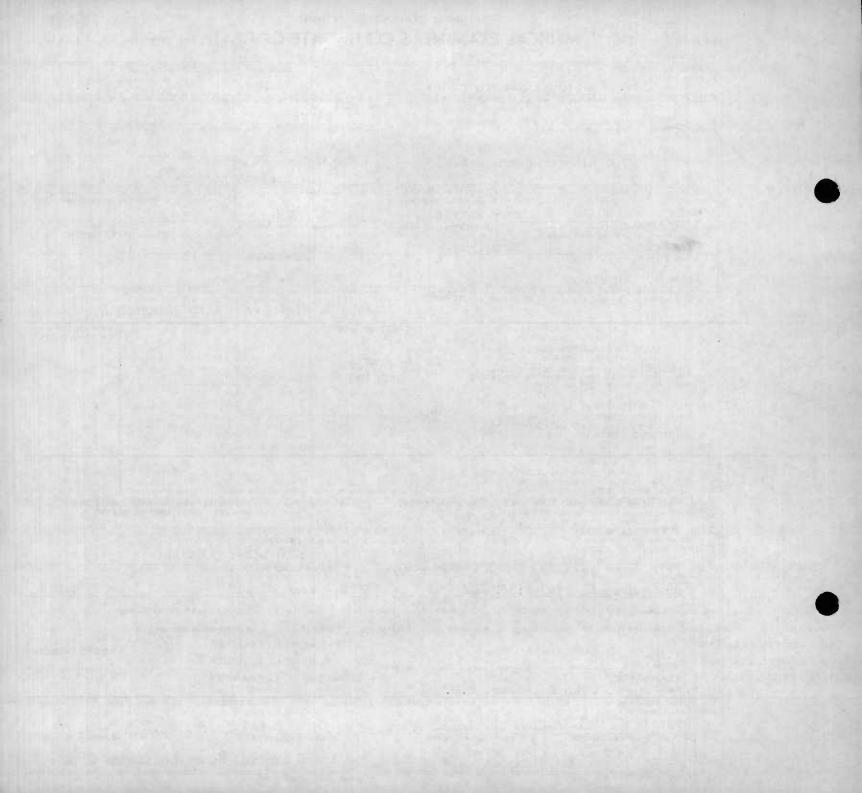
23A. BURIAL CREMATION, REMOVAL (Specify) Burial

Baltimore, Md.

Burial 1-10-65
24A. DATE REC'D BY HEALTH DEPT. | 2 5 Loudon Park

Ullrich Funeral Home Baltimore 6, Md.

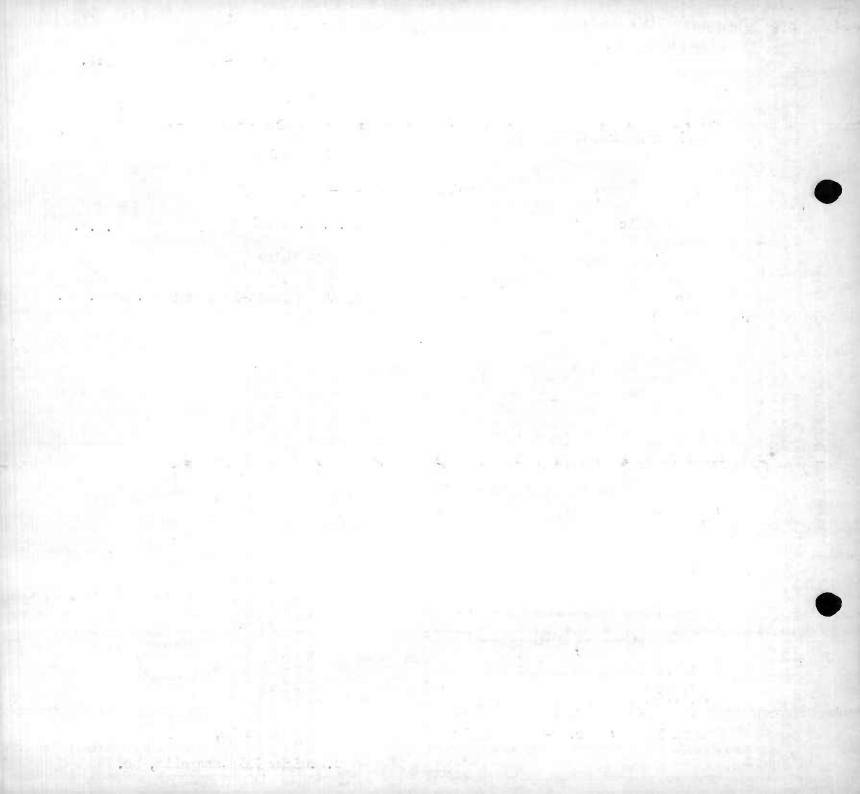
1965 Robert Entraling VS 151-REV. 1/1/65



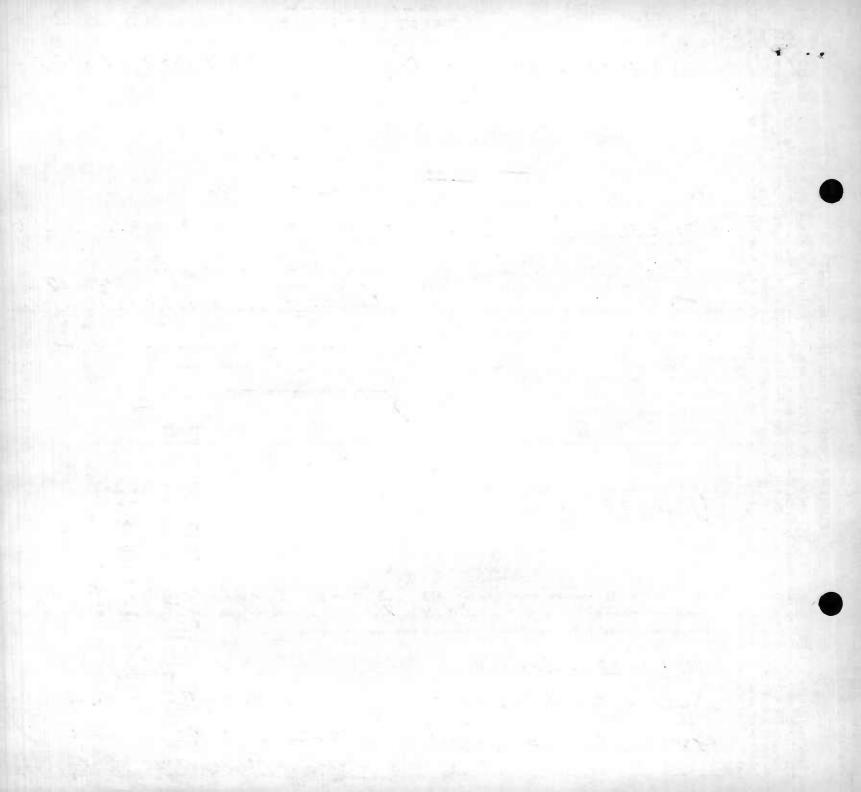
death IMPORTANT assistant his FUNERAL DIRECTOR: examiner the chief medical by approved must be

(If outside city limits, write RURAL and give township) II Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Aletha Colbert-15 Carver St. Anna. Md. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aux) opinion death accurred on the date 23B. DATE SIGNED Deale, Maryland ADDRESS .E. Hicks Ill. Annapolis, Md.

3: P.



	53.4	CERTIFICATE OF DEATH Registered No. 65 2622
	decth decth eased n the Such	A.E. CASE NO.  NAME OF DECEASED  Type or Print) Pendell. Morris R. 2. Date and Hour of Death  Mairc H. 7 1965 1205P.
	spital s of d ) Dece nce on eath.	A. STATE B. COUNTY
	da (5	FULL NAME OF HOSPITAL OR INSTITUTION  (II not in hospital or institution, give street oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALLIMORE 15
	ing cause; action to	Sinai Hospital of Balto Baltomore 15, D. STREET ADDRESS, (If tyrol, give location) 3017 Chelsea Jerr.
	tribut mined gular sed p	SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.
	ath occurring to contribute the contribute of th	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	if dea rect or (4) Und was the d spositi	Retired Messenger Banke Maryland-Balto, AMerican () 3. FATHERS MANE
INT	ant di di ath on l di	5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown   (If yes, give wor or doles of service)   SECURITY NO.   17. INFORMANT   ADDRESS   300
ORT/	d d d d d d d d d d d d d	18. CAUSE OF DEATH INTERVAL BETWEEN
MPC	Also, i ure of an onounce r attend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  LA Gram Negative Septecemie 4 days
.: -	cture cture prond lar a	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., healt failule, asthenia, etc. It means the disease, injuly at complication which caused death.)  (Al. Gram Negative Septecemuse 4 days  DUE TO Shock (Aerobacter)  Presumorum
CTO	A fra A fra A ho regu	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving
DIRE	ical excal excal excal excal excal excision (3) ician as in as in ains a	rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast.
MA	medica nedica burns, physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
NER	chief a n Body the K	19A. Date of Operation 19B. Condition for which Operation 20A. AUTOPSY? (Yes of No.) 20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	y the ital by here (2) here No ph	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obdut 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR?
	ved by hospitch nature; ept wh d (6) No	21D. TIME (Month) (Doy) (Yeoi) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Not While (APPROX.)
	the any (exc	22. I certify that (I) (this hospital) attended the deceased fram 2 - 2 4 1965 to March 7 1965 that (I) (we) last sow the deceased alive on March 2 1965 and that in (my) (our) apinion death occurred an the data
	dent of ospital death)	ond haur and fram the causes stated obave. (I) (We) (did) (did not) view the bady after death.
	ccidea ccidea a hos	Venerando Z. Maximo. M.D. Attending Med. Stoff Phys. 3-7-65
	y was r y was r 1) An a 3.A. at d d prior approv	Venerando J. Maximo M.D. Singi Hospital of Balto
		Surial CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Surial 3-10-1965 Soudon Hark Country Date.
	This cer the bod shows: was D.G decease written	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL BIRECTOR ADDRESS MAR 1 0 1965 Refer to the Party Property of the Party Property
		Company willing



BIRTH NO		ICAL EX	XAMINER'S C	ERTIFICA	TE OF D	EATH Regist	ered No.	26	23
M.E. CAS	E NO.								
1. NAME (Type or F	OF DECEASED Print HERM	AN MAAS				n 6, 1965	CED DEAD	2.00	) A.M.
3. PLACE	IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		DENCE (Where d	eceosed lived. If in B. CO	stitution: resid	dence before	odmission)
FULL NAME HOSPITAL	OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO		corporate limits, wri	te RURAL or	nd give town:	ship)
	SINAI HOSP	ITAL		D. STREET ADI	Baltimore ORESS (If rural, (	ive location)	hand	1-1	0
					3203 W. 1	Belvedere	Avenue		
5. SEX	6. RACE	7. MARRIED, WIDOWED,	NEVER MARRIED DIVORCED (specily)	B. DATE OF BIR	тн	9. AGE (In years last birthdoy)	If Under	Doys   Hour	er 24 Hrs. s Min.
Ma1		Marri		11/21/1		69			
done during	AL OCCUPATION (Give kind of wor most of working life, even if retired)			11. BIRTHPLACE				EN OF T COUNTRY?	
	ed Baker (Guard)	LTUITTO	o Race Track	14 AAOTH EPS A	MAIDEN NAME	y	0.1	3.22.	
Unkn				Unknow	YA TI				
	DECEASED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	5	
	unknown) (If yes, give wor or date		215-01-8898						
No			217-01-0070	Julia M.	Maas 32	03 W. Belv	videre	Ave. B	alt 1
DIS RISI UN	LEADING TO DEATH is does not meen the mode of out foilure, ostherio, etc. It meens into or complication which caused  ANTECENDENT CAUSI SEASES OR CONDITIONS, IF A E TO THE ABOVE CAUSE (A) S IDERLYING CONDITION LAST.	dying, e.g., the disease, death.)	(B)	LoseTeloc	diseas	ovascular se			
OT TO	II HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE SEASE OR CONDITION CAUSING	LATED TO				*******		•	
0	DATE OF OPERATION 198, CON	DITION FOR	WHICH OPERATION		Y? (Yes or No) 2	DB. IF YES, WERE F	INDINGS C USES OF DE es	ON SIDERED	
UNDE UTINO	EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  TIME (Month) (Doy) (Yeo	home etc.)	PLACE OF INJURY (e.g., e., form, foctory, street, c	in or obout 21 C. Iffice bldg., INJUI	WHERE DID (IF	in Boltimore City,		ocotion)	
OF IN	JURY		WHILE AT NOT	WHILE ORK					
22.	I certify that I held an I resulted fram: Natural ca		Inspection Aut			basis, death In		n	
	ACTUAL John &	Ae	Can M.D.		MEDICAL EXA			DATE SI	GNED
	EXAMINER'S				MEDICAL EXA	MINER		3-6-65	

Burial Burial 3/9/65

NAME (Type) John E. Adams, M.D.

23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY Druid Ridge Cemetery

23D. LOCATION (City, town, or county) Baltimore, Md.

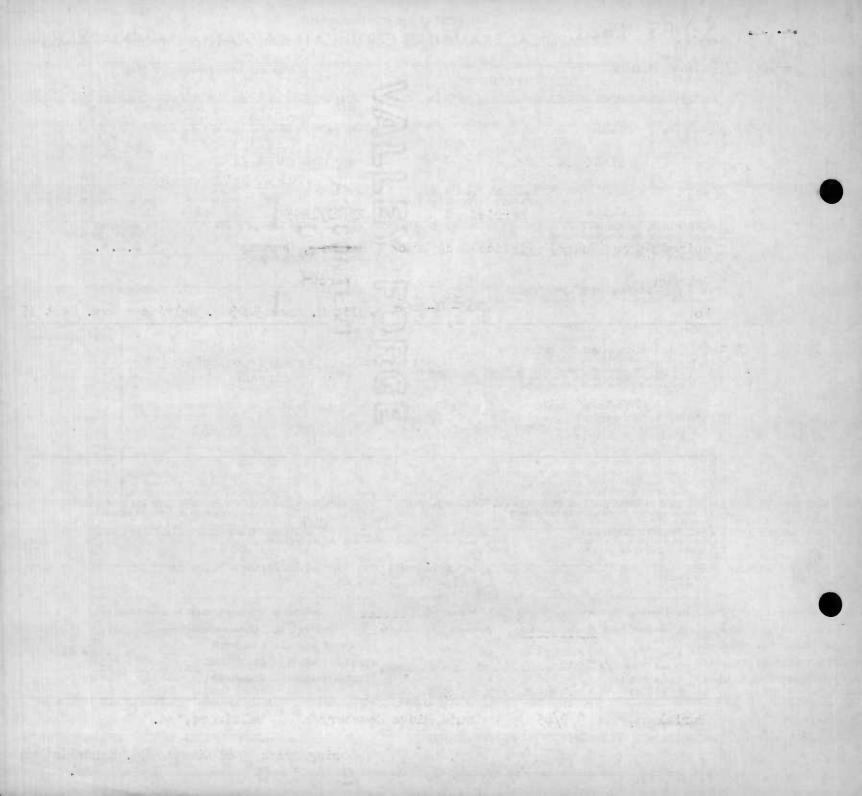
(Stote)

24A. DATE REC'D BY HEALTH DEPT.

24C. FUNERAL DIRECTOR

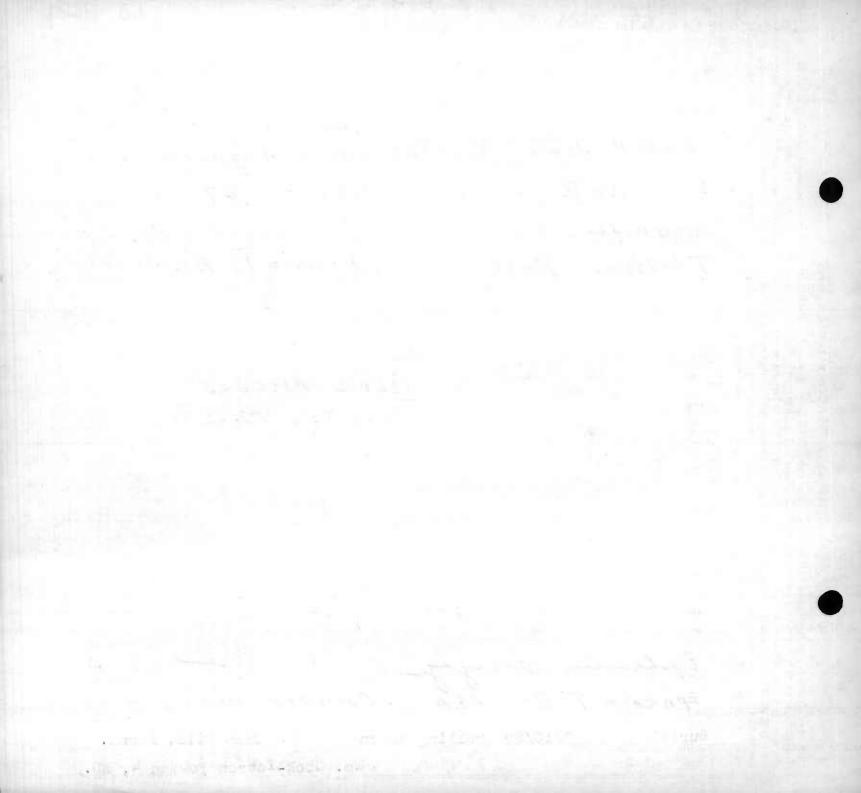
ADDRESS Loring Byers 8728 Liberty Rd. Randallstown

MAR 1 0 1965 Robert VS 151-REV. 1/1/65



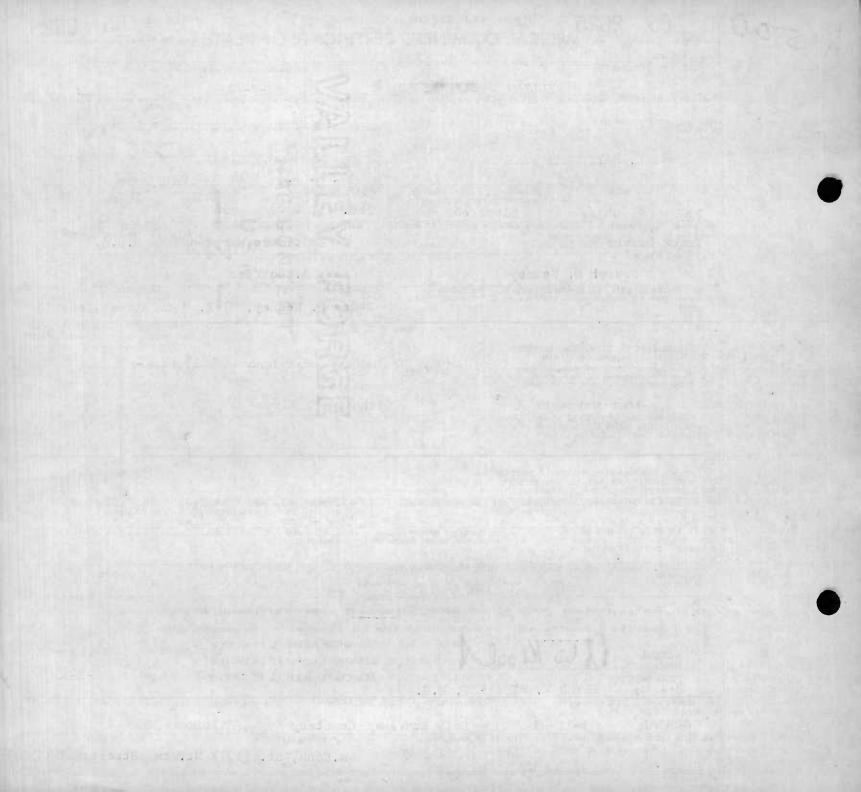
IMPORTAN

FUNERAL DIRECTOR:



65 2625

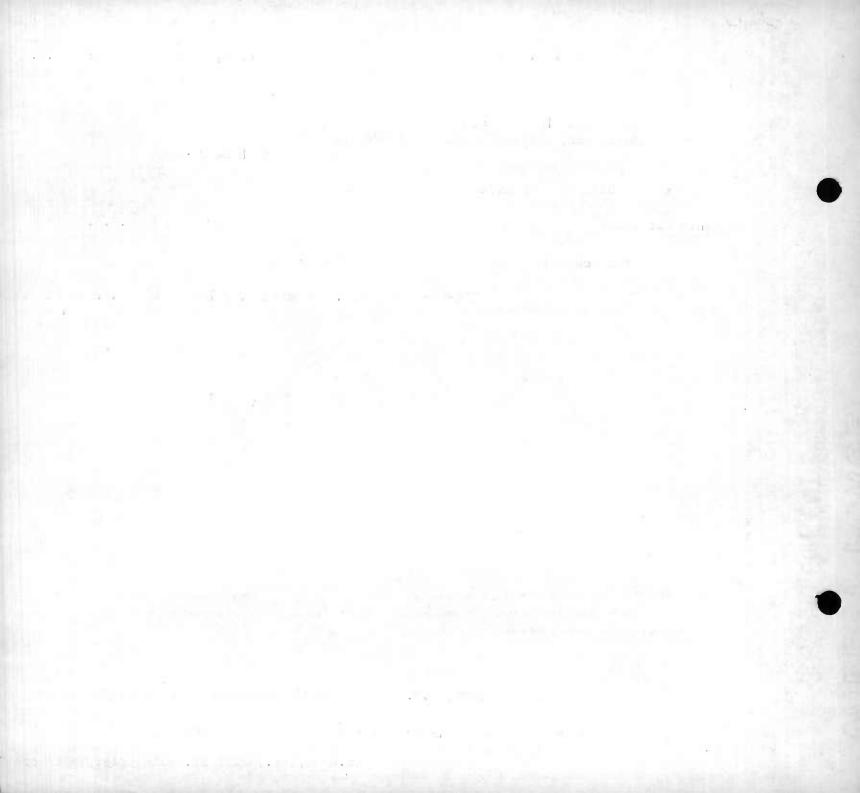
BIRTH NO. MED	ICAL EX	CAMINER'S CI	EKTIFICAT	E OF	DEATH Registe	ered No		
M.E CASE NO.								
1. NAME OF DECEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD		
		OSEPH KENNEY			3-65		12:30	
3. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCKINSTITUTION)	AL OR INSTITU	JNCED DEAD	Marylan	nd	deceased lived. If ins B. COI	UNTY		
613 E. BALTIMORE	STREET		Baltime D. STREET ADDR	RESS (If rurol,	give locotion)  tore Street	21202		
5. SEX 6, RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		1 Yr, If Unde	a. 24 H.
Male White		DIVORCED (specily)	Feb. 15,		lost birthdoy) 56		Doys Hours	
done during most of working life, even if retired)  Truck Driver	k TOB. KIND OI	BUSINESS OR INDUSTRY			,Maryland	12. CITIZE WHAT U.S	N OF COUNTRY?	
13. FATHER'S NAME	16_0 30		14. MOTHER'S MA					
Joseph D. Ke	enney		Mary A	A. Burr	ier			
15. WAS DECEASED EVER IN U.S. ARMEE (Yes, no alunknown), (If yes, give wal al date		16. SO CIAL SECURITY NO,	17. INFORMANT			ADDRESS		- 18
no	s or service	JEGKIII NO,	James L.	Kenney	,637 E. 35t	h Stre	et,Zone	e 18
(This does not mean the mode of heart failure, esthemic, etc. It means in jury or complication which coused ANTECENDENT CAUSE (A) SUNDERLYING CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	CONTRIBUTING TO TO SELECTION OF	pne (B) DUE TO (C)	eumonia crhosis of	liver	a with brone	INDINGS CO		
			Yes -		Yes			
Q 11A, EXTERNAL CAUSE WAS OUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or about 21C. W iffice bldg., INJURY	HERE DID	(If in Boltimore City, g	ive exoct lo	cotion)	
OF INJURY (APPROX.)	v	TE. INJURY OCCURRED  WHILE AT NOT WAT THE	WHILE ORK	ILNI DID WO	JRY OCCUR?			
22. I certify that I held on	nquiry 🗌		( <del>-</del> 27)	that on th	is bosis, deoth in	my opinion		
resulted from: Haturol co	uses X A	Accident Suicide	Homici	de 💹 📗	Undetermined monn	er		
ACTUAL SIGNATURE	Keel	1 40	CHIEF MI	EDICAL EX	_		DATE SI	GNED
EXAMINER'S	, RTECK	ERT, M.D.	ASSOCIATE M				3-8-6	65
23A. BURIAL CREMATION, 23B. DATE		C. NAME of CEMETERY o	r CREMATORY	23 D. L	OCATION (City	, town, or co	ounty)	(Stote)
BURIAL 3-11-	65	Holy Redeem	er Cemete	ry	Baltimore	,Md		. /
24A. DATE REC'D BY HEALTH DEPT. MAR 1 0 1965		OF REGISTRAR	24C. FUNERA			А	ceet, 2	1202
VS 151-REV. 1/1/65		6 1 0 1	0 2 6	<del>3 C</del>				



M.E. CASE NO.						
1. NAME OF DE	CEASED				2. DATE AND HOUR PRONOUNC	ED DEAD
WILLIAM H. SONDERMAN					3-8-65	1 3:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDE A. STATE Marylan	NCE (Where deceased lived, If inst 8. COL	itution: residence before odmission) JNTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET		N (If outside corporate limits, write	RURAL ond give township)
	2521 E. Oliv	er Stree	et	D, STREET ADDR	Dre ESS (If rurol, give location)	
				2521 0	liver Street 2121	3
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male	White	marr		Dec. 5,	1891 73	
	working life, even if retired)	k IUS. KIND O	L BOZINESS OK INDOSIK		re, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAM	ME	-		14. MOTHER'S MA	AIDEN NAME	
	Philip H. S	onderman	n	Elizab	eth Dahnker	
	ED EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	in the se, give wor or got	es of service	215-03-7221	Mrs Ella	Sonderman, 2521 E	last Oliver Street
18.	2 C X		CAUSI	OF DEATH		INTERVAL BETWEEN
DISEASES RISE TO TH UNDERLYII  OTHER SIG	ANTECENDENT CAUS OR CONDITIONS, IF S HE ABOVE CAUSE (A) S NG CONDITION LAST.  II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSIN	CONTRIBUTE	(C)	iabetes me	11111	
-	F OPERATION 198, COL		WHICH OPERATION		(Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
O UNDERLYING	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. W	HERE DID (If in Boltimore City, gi	ve exoct location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes		WHILE AT NOT APA	WHILE 1	W DID INJURY OCCUR?	
22. 1 cer	rtify that I held on	Inquiry 🗌			that on this basis, death in r	ny opinion
resu	Ited from: Notural co	usesX	Accident Suicio	le Homicia	le Undetermined monn	er
ACTUA	L AAD	400)			EDICAL EXAMINER	DATE SIGNED
SIGNAT	NER'S				EDICAL EXAMINER	3-8-65
NAME (			KERT, M.D.	CREALATORY	23D. LOCATION (City,	, town, or county) (State)
23A. BURIAL CRE REMOVAL (Specific BURIAL			Loudon Park (		Baltimore, Ma	
	MAR 1 0 1965		of REGISTRAR & Lander 14.0	Wm Co	k, Inc., 1217 St.P	aul Street, 21202

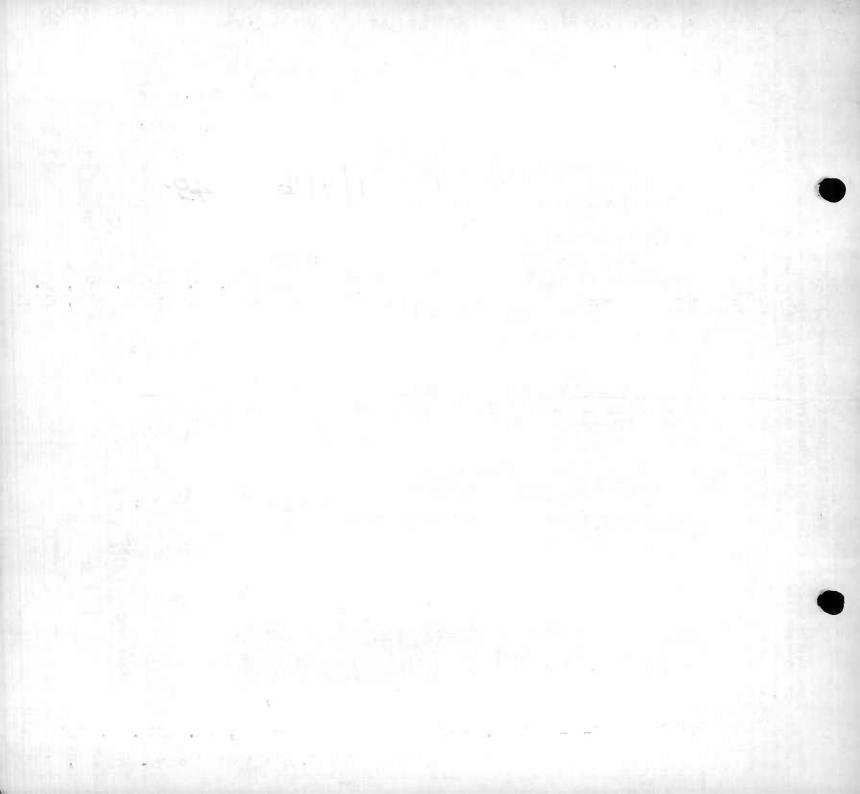
. 1086 

BIRTH NO.	65 2627		CERTIFICA	TE OF DEAT	TH Registered No	65 2627
1. NAME OF DEC (Typo or Print)	Joseph A	. Schmı	ıck	March 8, 1965 7:10 p.m.		
FULL NAME O HOSPITAL OR INSTITUTION	of (If not in hospitol oddress or locotion 2417 East Chara Baltimore, Ma	or institution,	eet	A. STATE B. Marylan C. CITY OR TOWN Baltimo D. STREET ADDRESS	rd	institution; residence before odmission)  RURAL ond give township)
5. SEX male	6. RACE white		NEVER MARRIED b, DIVORCED (specify)	B. DATE OF BIRTH June 16,1887	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		108, KIND OF	BUSINESS OR INDUSTRY		e, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	eorge Schmuck			Louise E		
15, Was Deceased	Ever in U. S. Armed Force (III yos, give wor or dolos	es? s of sorvico)	16. SOCIAL SECURITY NO. 214-01-8829	Mrs. Margar	et E. Schmuck	ADDRESS ,2415 E.Chase Stree
rise to the UNDERLYING	OR CONDITIONS, if or obove cause (A) G CONDITION lost.	sloting the	(C)	Muije M	1 yrandete	Jan 16 5
DISEASE OR 19A. DATE OF 21A. ACCIDEN	EATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CON WAS PERF NT WAS UNDERLYING JTING CAUSE OF	DITION FOR YORKED	PLACE OF INJURY (e.g., i	20 A. AUTOPSY? (Yos	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exect locotion?
	medical examiner)  (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
that (I) (we)	from the causes stat	d alive an	Mr anel			Place 10 19 69  pinian death accurred on the date  23B. DATE SIGNED
23C. PHYSICIA NAME (T	Freder		icka, M.D. M.D.	800 North		Mullo 65  Avenue, Baltimore
BURIAL 25A. DATE REC'D	Spocify)	Ne	AME of CEMETERY of CR W Cathedral C OF REGISTRAR	emetery	Baltimore,Ma	ADDRESS
V\$ 150-REV. 1/1/6	MAR 1 0 1965	Polyet		Wm, Cook, In	ic., 1217 St.P.	aul Street,Baltimon



F200	BALTIMORE CITY HEAD	ERTIFICATE OF DEATH Registered No
U	M.E. CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print)  Alphonso Pack	Mar. 6. 1965   10:45 P M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  A. STATE  Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship)
22	Johns Hopkins Hospital	Baltimore  D. STREET ADDRESS (If rurol, give locotion)
30	Johns Hopkins Hospital	3407 Duvall Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
	Male Negro Mannied  10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY	18-13-19/3 11. BIRTHPLACE (Store of foreign country) 12. CITIZEN OF
	Openator (Chemical Co.	Balto, Md, WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Hannah Pack 3407 DuvallAve.
	1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arter	iosclerotic Cardiovascular disease
	(This does not mean the mode of dying e.g., heart foliure, asthenia, etc. It means the disease, injury or complication which coused death.)	Topologo Carolova de Carolova
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TISEASE OF CONDITION CALIFORNIA IT	
	MAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ZIA, EXTERNAL CAUSE WAS     UNDERLYING □ OR CONTRIB-     home, form, foctory, street, or foctory, st	in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
	UTING CAUSE OF DEATH.	Since Stage, Ittaber Occor:
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
	22.	ORK L
	l certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid	topsy X ond that on this bosis, death in my opinion  Homicide Undetermined monner
	(11 - 01	CHIEF MEDICAL EXAMINER DATE SIGNED
		ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) John E. Adams, M.D.	ASSOCIATE MEDICAL EXAMINER Mar. 7, 1965
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	CREMATORY 23D. LOCATION (City, town, or county) (State)
	BUNIAL 3-11-65 Baltinsone	124C. FUNEXAL DIRECTOR ADDRESS
	MAR 1 0 1965 Robert E. Farky M.A.	Roulo Pall Landie
	VS 151-REV. 1/1/65	- VOLUMENT CONNECK INTO ESTONS

Burness 3-11-65 Ralein APECTORY Balaimere 28 101



and hospital 0 assistant approved

VS 150-REV. 1/1/65

IMPORTANT

DIRECTOR:

FUNERAL

(If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under Hours 12. CITIZEN OF WHAT COUNTRY? Stokesley Road Wife, Mrs. Ethel Plaskie, Dundalk, Md. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that In(my) (aur) apinion death accurred on the date 23B, DATE SIGNED town, or county) Eastern Ave. Bal. Co. Dundalk. Md. DUDA, 7922 Wise Ave. Dundalk, 21222

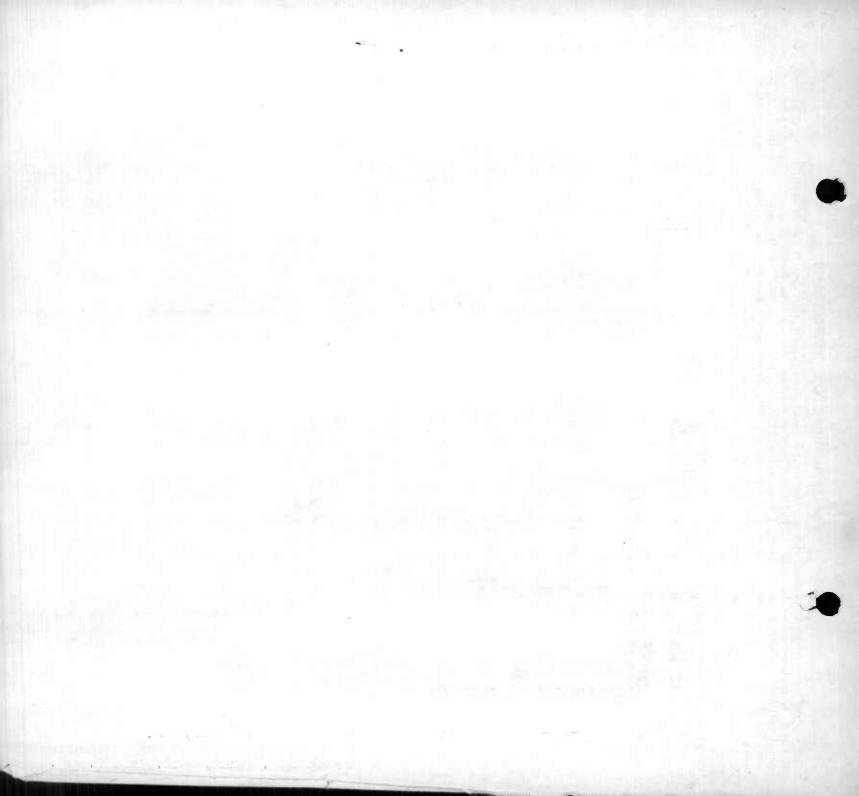
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DIRECTOR:

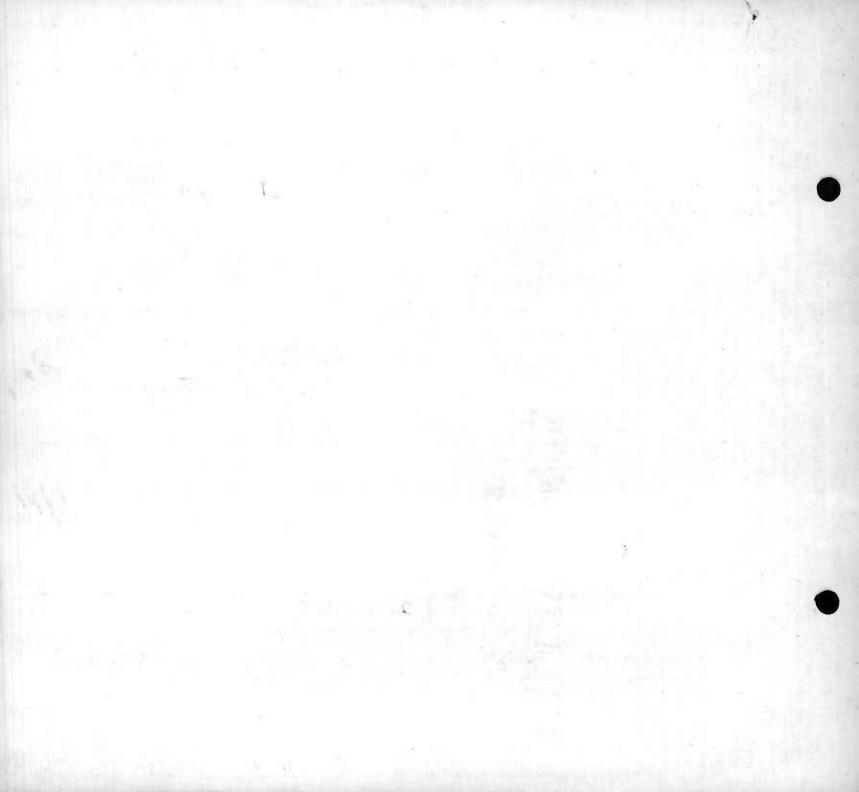
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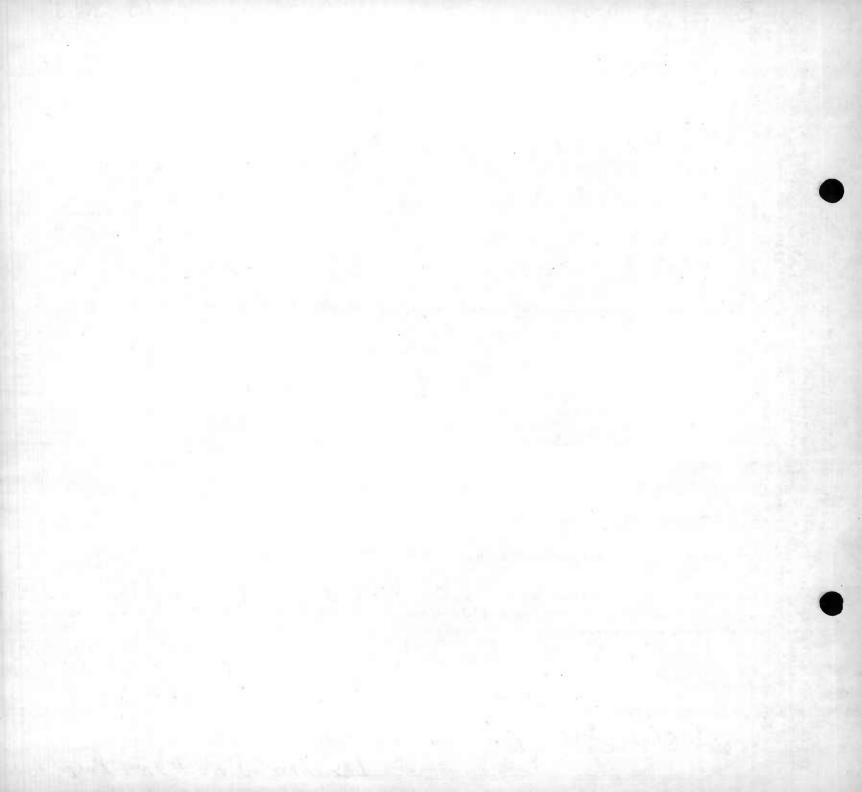
mapping and aurinora 7851 WILLIAM. 1-16-1900 184 474 -4 1P3 N 872 I response works Jean Webb Anse Gener ----May Sugar las manuel gal anter a characte here your destina Sing to many to gold Chapat Home car Hageite Jose S Mersey M.D.

	0000	BALTIMORE CITY	HEALTH DEPARTMENT		CE DODG
100	RTH NO. 65 2632	CERTIFICA	TE OF DEATH	Registered Na	00 2632
1,1		Robert .	2. DATE AI	ND HOUR OF DEATH	2.6
Ľ	(pe or Print)	Smith		3-9-65	2 74 M
3.	PLACE OF DEATH IN BALTIMORE, MARYL	LAND	4. USUAL RESIDENCE (Whe	ro deceased lived. If ins	titution: rosidenco before odmission)
	FULL NAME OF (If not in hospitot or i	institution, give streat	Mary land		27-12
	HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (IF ou	Iside city limits, write RI	JRAL and give township)
			D. STREET ADDRESS (III	ruro, give location)	
	11000 15000	01 HardiTO,		TORE ROad	
S.	SEX G. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M White	WIDOWED, DIVORCED (specify)	1-2-02	lost birthdoy)	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10)	B. KIND OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF
	ne during most of werking life, even if retired)	Civil Service	Maxima	. ^	WHAT COUNTRY?
	FATHER'S NAME	James Delivice	Mary CA 14. MOTHER'S MAIDEN NA	ME ME	USH
	Chamina			+ 11-	1
15.	Wos Deceased Ever in U. S. Armed Forces es, no or unknown) (II yes, give wor or dotes o	s? 16. SOCIAL	Margare 17. INFORMANT	1 M.Er	6 e ADDRESS
Ye	es, no or unknown) (If yes, give wor or doles o	of service) SECURITY NO.	1	1:	
_	1B. / = C/ / V/ I	216073314 CAUSE OI	Chart-C	MION P	lemonal Hosp
	DISEASE OR CONDITION DIREC		DEATH A	T T.	ONSET AND DEATH
	LEADING TO DEATH	(a) Car	rlians hu	in to onel	
	(This does not mean the mode of dy heart failure, asthenia, etc. It means the		A		
	injury ar complication which caused de	eath.)	ere c ja	undire	
	ANTECEDENT CAUSES	DUE TO	ad and	te.	***************************************
	DISEASES OR CONDITIONS, if ony		elassic la	anterish	
	UNDERLYING CONDITION Iosi.	iding ine			
				•	
ATION	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED	NTRIBUTING DO THE			
			20A. AUTOPSY? (Yes or N	ol 208. IF YES WEDE EI	NDINGS CONSIDERED
ERTIFIC	WAS PERFOR		Yes	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CER	121A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimoro	City, give exact location)
AL		home, form, foctory, street, of	nce bidg., INJURY OCCUR?		
MEDIC	21 D. TIME (Month) (Doy) (Year) (I	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
Š	(APPROX.)	While At Work			
	22. I certify that (this hospital) a		2-22	19 65 ta	3-9 1965
	that ( (we) last saw the deceased of				ian death accurred an the date
	and have and from the causes stated			ia in (may) (doi) dpin	.c death accorred all the date
	23A. SIGNATURE	· and ref (till (ine) (uta) (organis) V	the budy diter dedith.		23 B. DATE SIGNED
	1 200 here 5 & 10	howard M.D. Atte	mding Med. Director	Stoff Phys.	3-9-15
	23C. PHYSICIAN'S	- CONTON	23D. ADDRESS	rnys. (23	2 1 6 3
	NAME (TYPP LAWRENCE J.	LIEBERMAN M.D.	luni. h.		1 12 1 1
24/	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stote)
	Burial 3-13-64	5 Parkwood Cem	eteru Ba	ltimore, Mo	1.
25					
	MAR 1 0 1965 (	B. NAME OF REGISTEAR	Leonard J.	Ruck, Inc.	,Balto.,Md.
_					



1	BALTIMORE CITY HEALTH		65 2638
5 M	TH NO. 65 2638 CERTIFICATE OF	The late of the la	UU
	PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL A. STATE	2. DATE AND HOUR OF DEATH  A RESIDENCE (Where deceased lived, If) ins B. COUNTY	965 M stitulian: residence before admission)
1	INSTITUTION	DR TOWN (If corside city limits, write R	URAL ond give township)
i	Lutheran 1405p. D. STREET	TADDRESS (If juro), give locotion)	Terrace
	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE O WIDOWED, DIVORCED (specify) No.	1. 4, 1991 lost birthdoys	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
do	the during most of working lite, even if retired)  House wife  None	PLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Edward Smith	MAGgie Thompso	~
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service)  No.   16. SOCIAL   17. INFORM SECURITY NO.   17. INFORM	MANT / /	ADDRESS
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	and Acadest	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	morrhage +	9
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	ass riggerung	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFIC		UTOPSY? (Yes or No.) 208, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CALCE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 2 home, lorm, foctory, street, office bldg., I etc.)	21 C. WHERE DID (If in Boltimore NJURY OCCUR?	City, give exoct locotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1/(this haspital) difference the deceased from		19 65
	23A. SIGNATURE  Attending Phys.  Attending Phys.	Med. Stoff Phys.	9 Karles
24	23C. PHYSICIAN'S NAME (Type) M.D.		
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY  BULL AL 3-9-65  CAYULY MEM. RA  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. F	UNERAL DIRECTOR	y, town, or county) (State)
	MAR 1 0 1995 R. O. & E. Farley M. A. O. C.	LAOJ D- Wihs	on 1000 Binsty

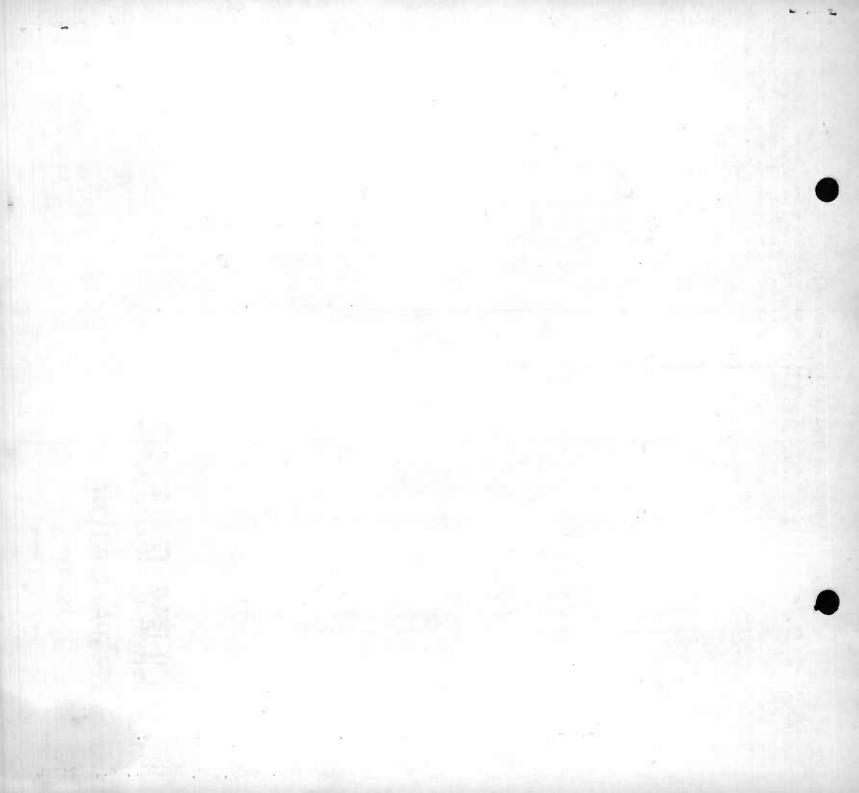




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This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 2004
	TH NO. 65 2634	CERTIFICA	ATE OF DEATH	Registered No.	65 2634
1, N	pe or Print) CAROLYN	CHEW	1:4	HOUR OF DEATH	Jan. 2-1965
	PLACE OF DEATH IN SATTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institute oddress or location)	ion, give sheet	A. STATE d. B. COUN	alfemore	Odion: residence before odmis:
	Upiversity		Baltimor	rurol, give location)	RAL ond dive township)
			3431 GK	EEN MOUNT	Aul.
	F A wide	RIED, NEVER MARRIED  DWED, DIVORCED (specify)  OF RUSINESS OF INDUSTE	11-23-48	160	If Under 1 Yr. If Under 24 Months Doys Hours Mi
don	e during mostrof working life, even if retired)	9/30311133 01 11130311	Long Kong	, China	WHAT COUNTRY?
13.	Donald Chew		14. MOTHER'S MAIDEN NA	Leang	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of serv	16. SOCIAL SECURITY NO.	17. INFORMANY		ADDRESS
_	18. 0 57 6	CAUSE	MR. DONALD CHEV	v, 0	SAME INTERVAL BETWEEN ONSET AND DEATH
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi rise to the obove couse (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING (C)	. 3.		
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
L CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED White At Not Wh Work At Work	21F. HOW DID INJ	URY OCCUR?	1
	22. I certify that (1) (this hospital) attend that (1) (we) last sow the deceased alive	2/2/	1 /	ot In (my) (our) opini	on death occurred on the
	and hour and from the couses stated above	M.D. AI	view the body ofter deoth.	Stoff Phys.	38. DATE SIGNED
	23C. EHYSICIAN'S NAME (Type) Francine (	Pamitto M.O.	23D. ADDRESS Univ.	Hospital	11/
24A	REMOVAL (Specify)	c. NAME OF CEMETERY OF CE		altimore, M	lown, or county) (Sto
25 A	DATE BEC'D BY HEALTH DEPT 1258 NA	ME OF REGISTRAN	25C. FUNERAL DIRECTOR		ADDRESS
	150-REV 1/1/65	- F	4EONARD J. B	UCK INC. BAL	10. MD., 21211

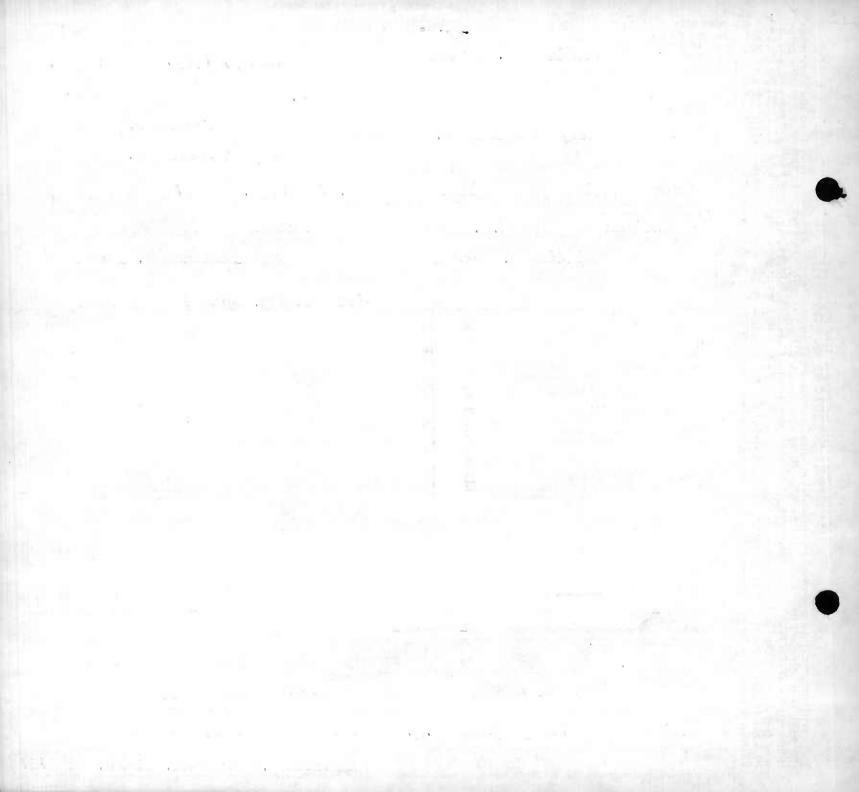


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 0 deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death

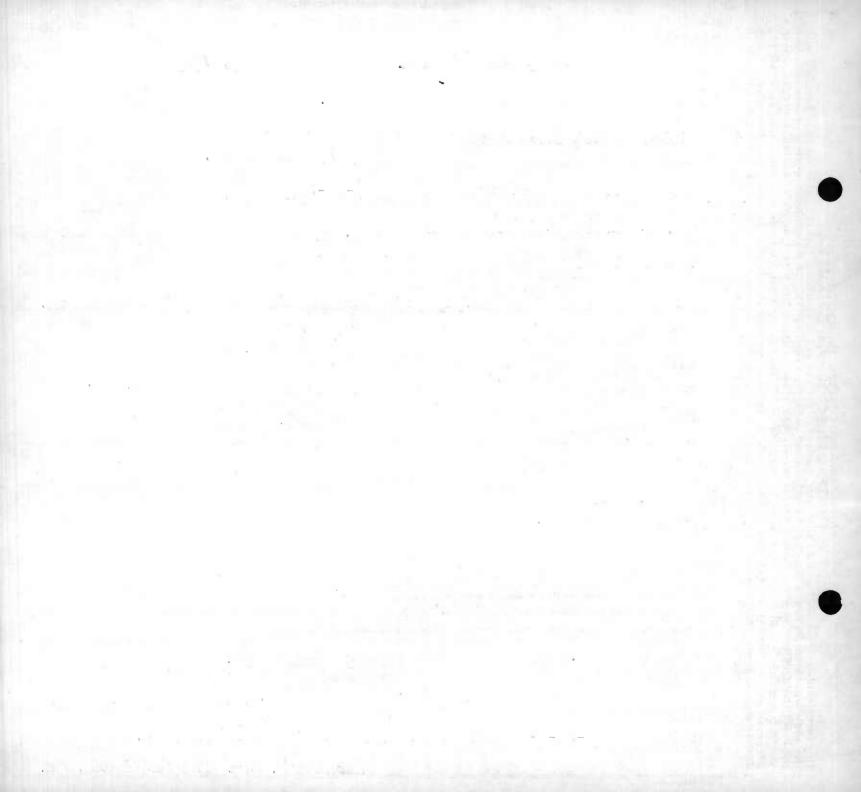
VS 150-REV. 1/1/65

M.E. CASE NO.	CERTIFICA	ATE OF DEATH REGISTER NO.	100 C(0, C)
1. NAME OF DECEASED	R. Sparks	2. DATE AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		//larch /, 1905.	1:00 P. M.
		A. STATE B. COUNTY	27-01
FULL NAME OF (If not in hospital or instinction)  HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (If outside city limits, write i	RURAL and give township)
2807 A	1 - 1 P J AVE	Baltimore	** * *
200/ Over	land Rd. Ave	D. STREET ADDRESS (If rurol, give locotion) 2807 Overland	Rd. AVE
A. / WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White	Single	Hug. 10, 1893. 71	
iOA, USUAL OCCUPATION (Give kind of work 10B, Kildone during most of working life, even if retired)		11, SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	U.S. Navy	Maryland	USA
3. FATHERS NAME William (		14. MOTHER'S MRIDEN NAME Florence	M. Fowble
5. Was Deceased Ever in U. S. Armed Forces? Yes, no arunknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	ď	Miss Clara M. Sparks	Same
18. 4. 2. 7. 1	CAUSE C		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	la z		
(This does not meon the mode of dying	, e.g., - DUE TO	ute myocardial failure	15 min.
heart failure, asthenia, etc. It means the di injury ar camplication which caused death.	iseose, & Ar	teriosclerotic cardio-	10 yrs.
ANTECEDENT CAUSES	TO BUE TO	vascular disease	-0 weeks
DISEASES OR CONDITIONS, if any,	giving Z		
rise to the obove cause (A) statin UNDERLYING CONDITION lost.			
	3 20		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING THE BE	and the same of	
198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exoct locotion)
OF INJURY (Month) (Doy) (Year) (Hou		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work Not Whi		
22. I certify that (I) (this hospital) atte		anuary 22, 19 65 to Mar	
that (I) (we) last saw the deceased aliv	e on January 22,	19 65 and that in(my) (over) api	nian death accurred an the date
and haur and from the causes stated ab	ave. (I) (We) (did) (did-net)	view the bady after death.	
23A. SIGNATURE	611		238. DATE SIGNED
A Bush			Mar. 8, 1965
23C. PHYSICIAN'S NAME (Type) Lloyd E. Sa		3902 Greenmount Ave.,	Baltimore, Md.
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (C)	ty, town, or county) (Stote)
Burial 3/10/65	Grace M.E. Ce	emetery Upperco, Mar	yland
25A. DATE REC'D BY HEALTH DEPT. 25B. N	IAME OF REGISTRAD	25C. FUNERAL DIRECTOR	ADDRESS
MAR 1 0 1965 (R.C.	ON IL, SECULOUTING	1 Leonard J. Ruck Inc.	Balto. Md 21211



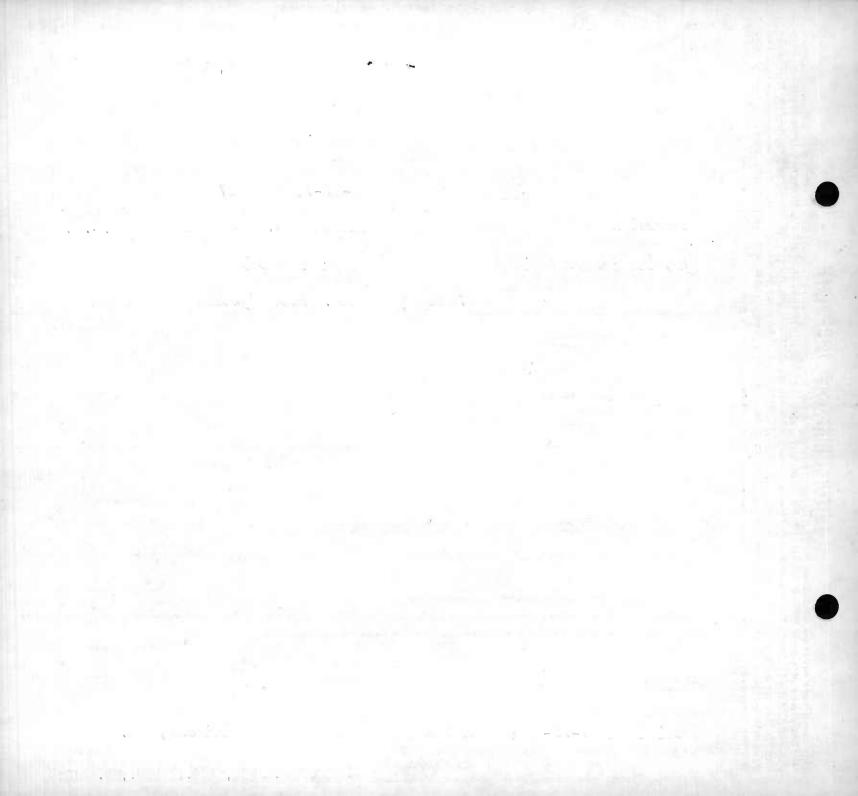
FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT		0-
ыктн но. 65 2636	CERTIFICA	TE OF DEATH	Registered No.	65 2636
M.E. CASE NO.		2. DATE A	ND HOUR OF DEATH	
Type or Print) Albant Enn.	est Kimmel.	Mana	h 9. 1965	
PLACE OF DEATH IN BALTIMORE, MARTLAND	esciville.	4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before odmissi
		A. STATE B. COU	NTY	511
FULL NAME OF (If not in hospital or instituted the state of location)	tion, give street	Md.		2-6-00
INSTITUTION		C. CITY OR TOWN (If or	utside city limits, write	RURAL and give township)
Ilmian Manarial Hays	:4-1	Baltimor		
Union Memorial Hosp	aac	2212 1/	rural, give location)	
			n Ave.	
	RIED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
	dowed	4-20-1895	69	
OA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)	ard Employee	Manuland		//CA
7. FATHER'S NAME	wia comprogee	14. MOTHER'S MAIDEN NA	AAF	UNI
Andrea Kimmel		Marie Mars	ch	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	215055262	Mrs Sophia	Ununa 2000	Woodlas Aus
18. // 2	CAUSE	OF DEATH	Jours 3702	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	C.	ronary Occh		Visit
(This does not mean the made at dying,	e.g., DUE TD	ronwy Cocc	isun	Julialat
heart failure, osthenia, etc. It means the disc	ase,			
injury or complication which caused death.)	(1)	Minnelenge	is	As delinela
ANTECEDENT CAUSES	DUE TO			magnine
DISEASES OR CONDITIONS, if any, gi	ving 4/	combosobelistos d	1110000	2.1
rise to the obove cause (A) stoting UNDERLYING CONDITION last.	The (C) V/A	univolonities x	y anu	2 wres
			V	
DTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
TO THE DEATH BUT NOT RELATED TO				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	all 208 IE VES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING   CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	ti, iii voitinoi	e city, give exact tocononi
DEATH (notify medical examiner)	erc./			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPRDX)	While At Work  Not While At Work	le		
22 1		10111	10	10
22. I certify that (I) (this haspital) attend	011 - 0-	11 1	.19to/	1007 196 S
that (1) (we) lost saw the deceosed alive	on IVIal 8	19 (Q. \(\sigma\) ond the	hot in (my) (our) ap	inion death accurred on the c
and hour and from the causes stated above	re. (1) (We) ( <del>did)</del> (did not)	view the body ofter death.		
23A. SIGNATURE				23B. DATE SIGNED
nutrainel M beck	M.D. AH	ending Med. Director	Staff Phys.	Mai 10-65
23C.PHYSICIAN'S		23D. ADDRESS	, 91 1	·······
23C. PHYSICIAN'S NAME (Type)	72 - 11/ Dec	mc-10 110	nci to	11 th 1
IVATUANIE! M	Deck My Dr. D.	2818 ATTa	uest Bq	140-18 Wed.
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. I	LOCATION (C	ity, town, or county) (State
burial 3-12-65	Loudon Park	Cemetery B	Paltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
MAR 1 0 1965 12 0	ME Stalley MA	Ol Bank JA	Ruch One	Raltimore Md
THE PARTY OF THE P	CI CALL TO A CAL	1 (21)11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE A A A CONTAINED. IT IN



IMPORTANT

FUNERAL DIRECTOR:



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00 6000	CITY HEALTH DEPARTMENT
RTH NO. MEDICAL EXAMINE	ER'S CERTIFICATE OF DEATH Registered No.
A.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
THOMAS HENDERS	SON 3-8-65 7:30 A.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE Mary land
OSPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
MARYLAND GENERAL HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give location)
	2037 Orleans Street 21231
Male Colored 7. MARRIED, NEVER MARI	pecify)
M M	nov2-1901 64
DA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS Of one during most of working life every if retired)	Henderson M. Carolail Il. S.A.
James Henderson	14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give wor or dotes of service)  A(f)	NO. 17. INFORMANT LENERSON ADDRESS  Carrie Henderson Scenie
18. i	CAUSE OF DEATH INTERVAL BETWEEL ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	Arteriosclerotic cardiovascular disease
RISE TO THE ABOVE CAUSE (A) STATING THE	JE TO
UNDERLYING CONDITION LAST.  (C).	

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION

WAS PERFORMED

(Yeor)

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) long, form, factory, street, office bldg., INJURY OCCUR?

21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) OF INJURY

SIGNATURE

23A. BURIAL CREMATION,

CERTI

22.

(Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE

I certify that I held on Inquiry resulted from: Natural couses X

Accident,

Inspection X Autopsy ond that on this basis, death in my opinion Undetermined monner

20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

ACTUAL

Homicide Suicide

CHIEF MEDICAL EXAMINER

21F. HOW DID INJURY OCCUR?

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DATE SIGNED 3-8-65

EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D.

238. DATE

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION

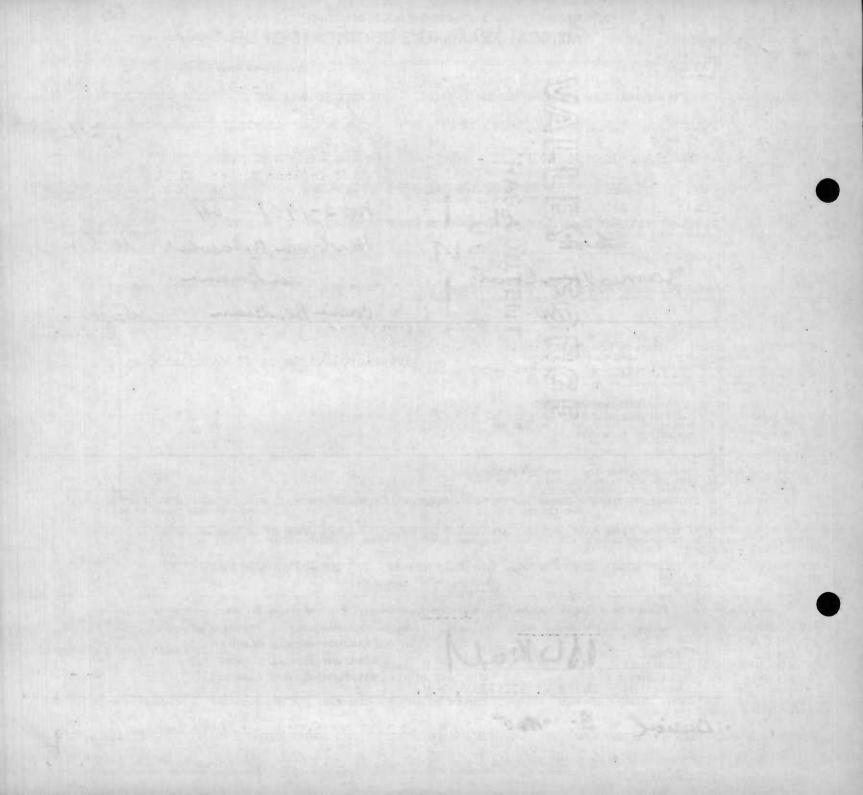
(City, town, or county) (Stote)

REMOVAL (Specify)

248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65



24C. EUNERAL DIRECTOR

mel

ADDRESS

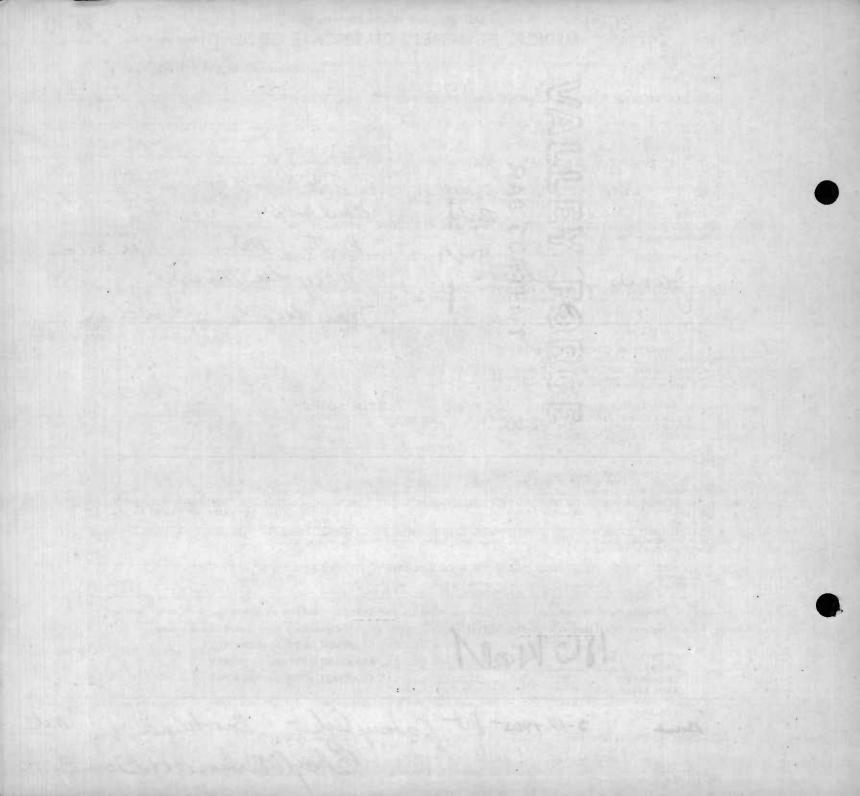
REMOVAL (Specify)

Bure

VS 151-REV, 1/1/65

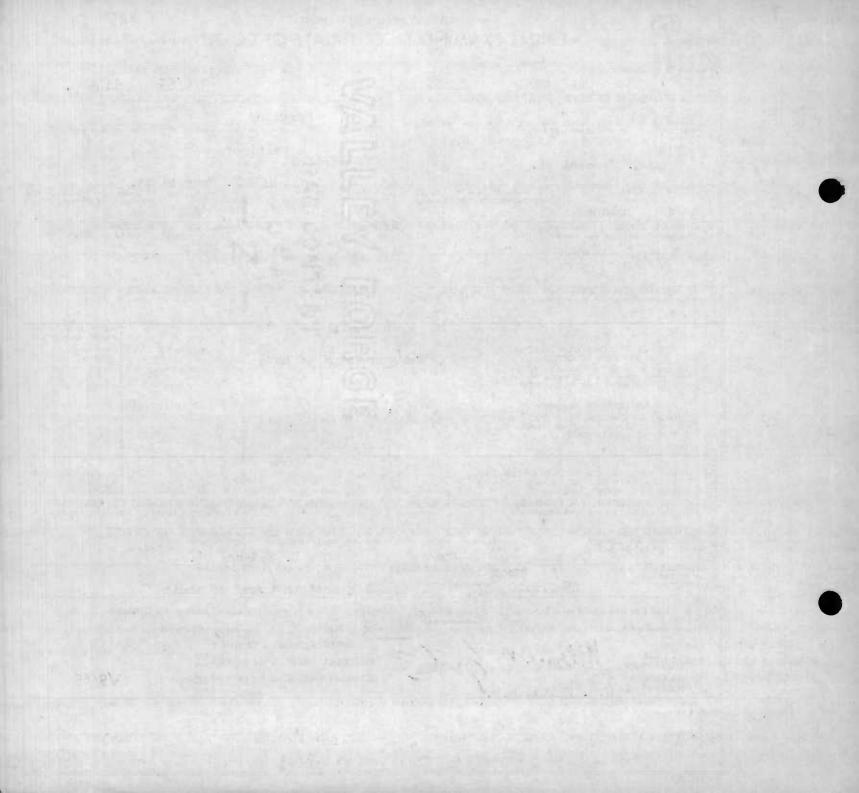
24A. DATE REC'D BY HEALTH DEPT.

248 NAME OF REGISTRAR



VS 151-REV. 1/1/65

1500	65 2641  BIRTH NO.  MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print)  ALEXANDER  LANEY	3/9/65 1:45 p.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
		A. STATE B. COUNTY
	HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corparate limits, write RURAL and give township)
	INSTITUTION	Baltimore /2 00
10	400E. Federal St.	D. STREET ADDRESS (If rurol, give location)
Y		400 E. Federal St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
	male colored Bingle	JUNA 12, 1894 68
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even if retired)	N' CAVELINO U.S. A.
	13. FATHER'S NAME !	14. MOTHER'S MAIDEN NAME
	Jan.	Mullan
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no grunknown), (If yes, give wor or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS
	(Yes, no grunknown) (If yes, give wor or dates of service)  SECURITY NO.  2/5-61-077	
		SE OF DEATH INTERVAL BETWEEN
	2 / / / / / I	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Shote	run wound of head
	(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease.	,
	injury or complication which coused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	UNDERLYING CONDITION LAST.	
	O (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	O WAS PERFORMED	no IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	, in ar about 21C. WHERE DID (If in Boltimare City, give exact location)
	UTING CAUSE OF DEATH.	office bldg., INJURY OCCUR?
	21D TIME (Manth) (Doy) (Year) (Troop 21E. INJURY OCCURRED	400 E. Federal St.
	22.	work shotgun wound of mouth
		utopsy ond that on this bosis, death in my opinion
	resulted from: Natural couses Accident Suicia	de 🗶 Homicide 🗌 Undetermined monner 🗌
	1111 11 1	CHIEF MEDICAL EXAMINER
	SIGNATURE WURNE N- 4 M.C.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 3/9/65
	NAME (Type) W.U. Spitz. M.D.	
	23A, BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY	ar CREMATORY 23D. LOCATION (City, town, ar county) (State)
	RUNIAL 3-12-65 MT. AU	burn Com. Baldo. Ind.
	24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	MAR 1 A 1985 A C. Br E Stantent	Mala in a la l



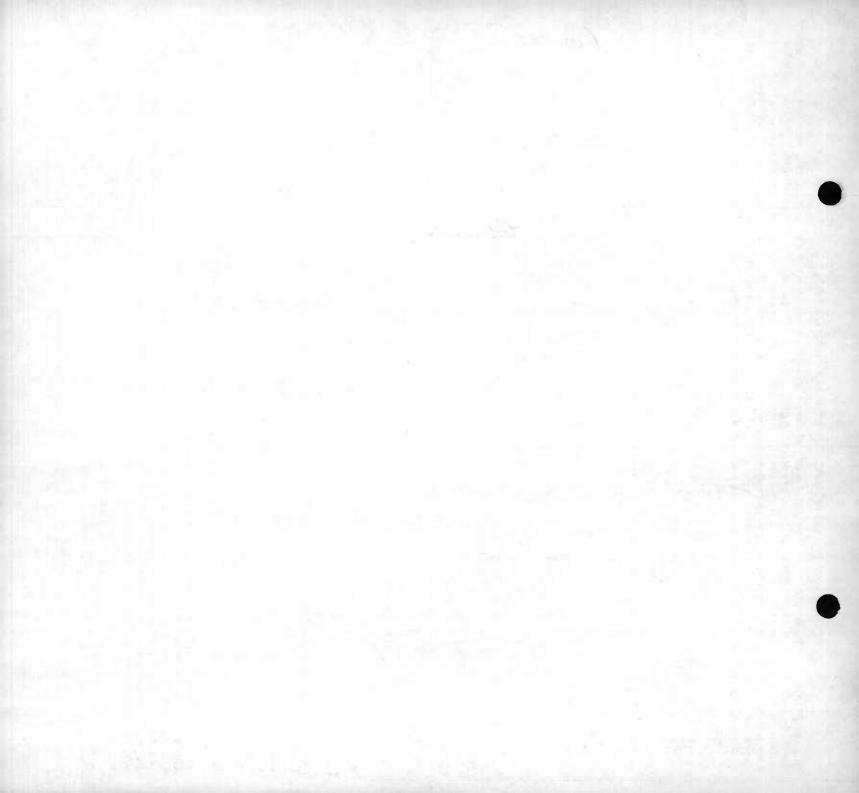
VS 150-REV. 1/1/65

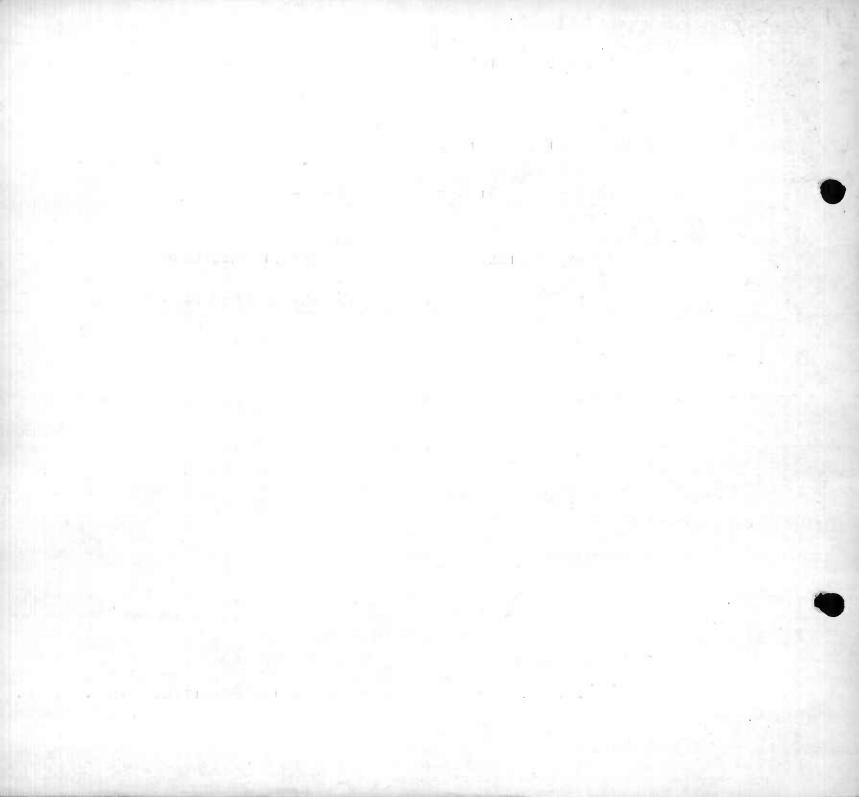
			BALTIMORE CITY	HEALTH DEPARTMENT		
MRTH NO.	5 2642		CERTIFICA	TE OF DEATH	Registered No	·- 65 2642
Type or Print)	SMIT	H,	BERTH	A E 2. DATE	MARCH,	7, 1965 950
B. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		A. STATE B. CO	Where deceased lived. If	institution: residence before admission)
FULL NAME OF	OF (If enot in hospital oddress or locatio		ive street	c. CITY OR TOWN	11001	e RURAL ond give township)
UNI	VERSITY	HOV	PITAL	D. STREET ADDRESS	(If rurol, give location)	2/223 St.
					ilmore	
. SEX	6. RACE		DIVORCED (specify)	11/2/76	9. AGE (In years last birthdov)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
lone during most of	UPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
JOUSE :				14. MOTHERS MAIDEN	NAME	2
JOHN	M. BYRL	EX		EZIJABE	TH ARN	SPARGER
5. Was Deceased	Ever in U. S. Armed For	ces? es of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				BOUCHA	PEAR	C S/A
18. 3 9	0:0	1.16	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY			ACPIL	
(This does	nat mean the made of	dying, e.g.,	(A) DUE TO	oronary.	- 73600	
heart failure,	asthenia, etc. It means	the disease,		1	A. 0	
	ANTECEDENT CAUSES		(B) CEL	all hours	elever	<u> </u>
	OR CONDITIONS, if		DUE TO	. / / /	× 10	
rise to th	e abave cause (A)		But	un milicure	erce The	Om Carring
UNDERLYIN	G CONDITION last.					
Z OTHER SIGN	IFICANT CONDITIONS	ONTRIBUTING				
TO THE D	CONDITION CAUSING	ATED TO THE				
	OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o		E FINDINGS CONSIDERED
1)3/6/	65 Jan	MIMED	freall bom	d Mo	IN CERTIFYING C	CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING OT UTING CAUSE OF wedicol exominer	21B. home etc.)	PLACE OF INJURY (e.g., i o, form, foctory, street, o	n or obout 21C. WHERE DIE	(If in Boltim	ore City, give exact location)
0 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			e At Not Whil	e		
22 1	.1 . /13/4.11 = 1 = 1	Worl		3 - / -	1965 to	3 - 7 - 10 60
1	that (H) (this haspita		3 - 7	1065		
1	) last saw the decease					plnian death accurred on the date
		ted abave. (I)	(We) (did) (did not)	lew the bady after dea	th.	
234-SIGNATI	week &	Anu	M.D. Att	ending Med. Director	Staff Phys.	3/7/65
NAME (	Typo) Erancesco	SANTI	ndiford	23D. ADDRESS	25-14 H	os pital
24A. BURIAL CRE		24C.NA	ME of CEMETERY OF CR	EMATORY 24E	LOCATION I	(City, town, or county) (State)
REMOVAL	3/11/c	5 Mez	dawinday 1	Mem. Cem	AAC	Md
25A. DATE REC'E	BY HEALTH DEPT.	258. NAME 0	F REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
	SERM OF BURNEY	1 1 10 10	11 1 1 11 44 4			

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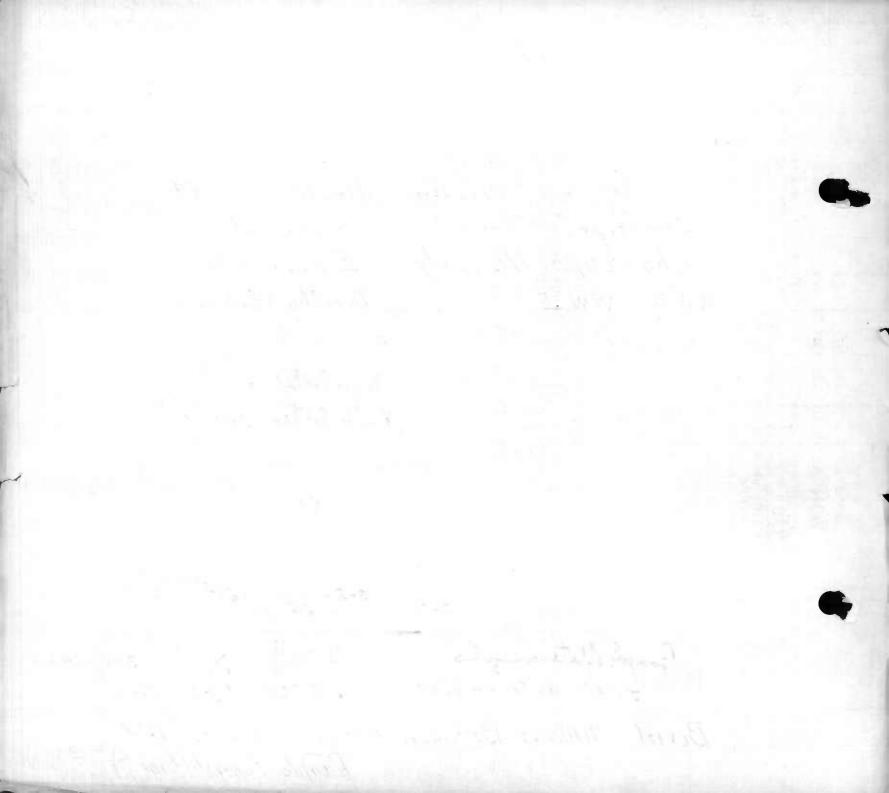
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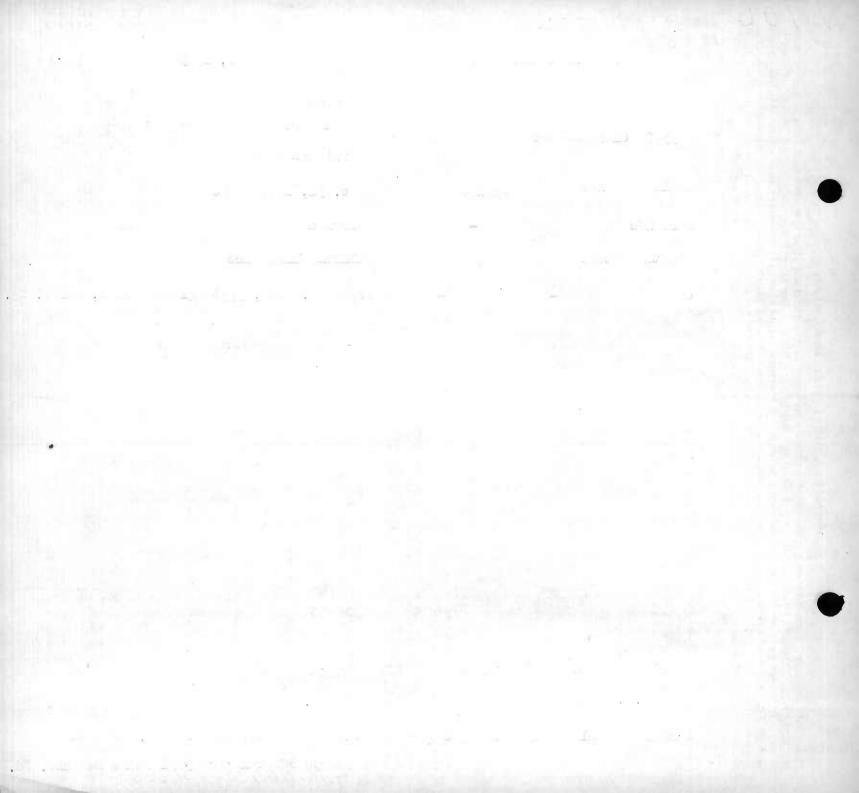
Western Street South and Control





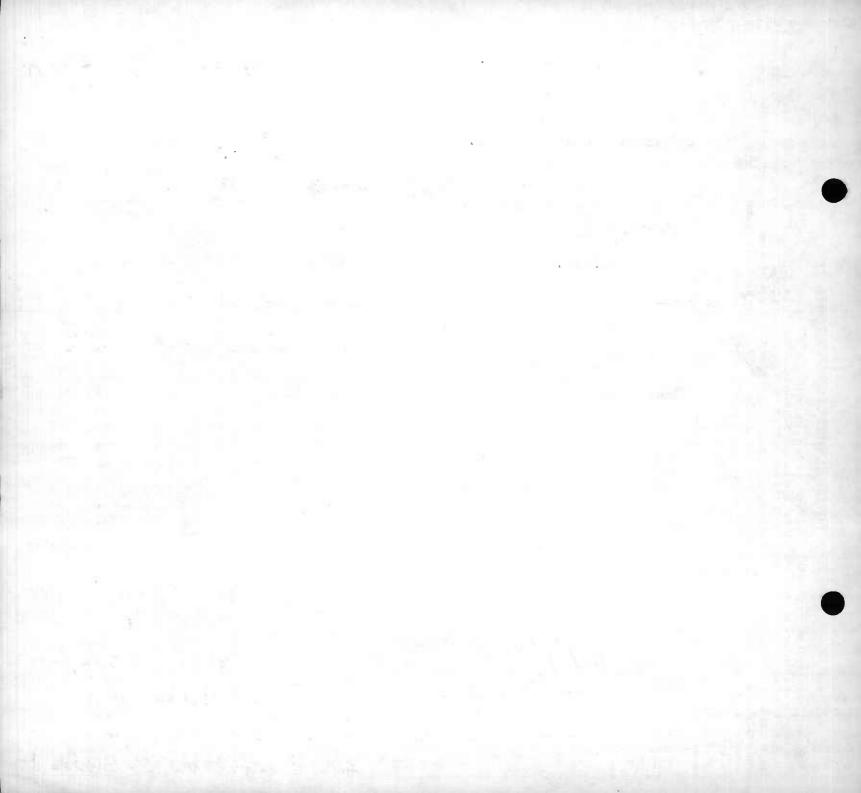
	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE DOAF
BIRTH NO. 65 2645 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No	65 2645
1. NAME OF DECEASED (Type or Print)	1	2. DATE AN	D HOUR OF DEATH	
Carl. Me	CARTU	3	-8-65	10:50 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE IWhen	e deceased lived. If inst	itution: residence before admission
		/22 /2 /	,	4/01
FULL NAME OF (If not in hospital or institution)  HOSPITAL OR oddress or location)	lution, grve street	C. CITY OR TOWN (If out	d	7
NOITUTITZNI		C. CITTOR TOWN	side city limits, write KU	JRAL and give township)
		D. STREET ADDRESS (IF		
M. 11.		D. STREET ADDRESS (If	rural give location)	
111ERLE Stospis	HL	10 1- 1	RATT 0	7
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
mw	DIVORCED	MAR. 15.1910	54	
DA. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
done during most of working life, even if retired)	AXI CZ b	Marylan		WHAT COUNTRY?
CHAUFTEUV	14XI CED	1118191611	01	054
13. FATHER'S NAME	2001	14. MOTHER'S MAIDEN NAA	AE , ,	
Hohn Nosenh 11	10 (2xt4	FmmA	Wrich	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0.1.011	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of se	SECURITY NO.	7 1/0/	111	T= 1/ D/
WWII WWII		Dorothy JA	ahler 600	03 [A/15/Ld
18. 260 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		. 0 0	1	ONSET AND DEATH
LEADING TO DEATH	(A) C	verwhelm	my puer	manie
(This does not mean the mode of dying, heart failure, astherio, etc. It means the di			11	
injury ar camplication which caused death.		A . O T.	1	
ANTECEDENT CAUSES	(B)	Diavelle o	Malon	**************************************
DISEASES OR CONDITIONS, if any,	DUE TO	· ot	Onit	
iise to the abave cause (A) stating		a beles.	mellih	45
UNDERLYING CONDITION last.			***************************************	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
WAS PERFORME	,	NO	IN CERTIFYING CAUS	SES OF DEATH?
U 121A, ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
<u>U</u>				
OF INJURY (Month) (Doy) (Yeor) (Hour		21F. HOW DID INJU		
(APPROX)	While At Not Whi		212:4513	14.
22. I certify that (1) (this hospital) atter	ded the deserred from	2-0-	96510 3	1 - 8 1965
	2 0			
that (1) (we) last saw the deceased aliv	e an	19 e and the	at in(my) (aur) apinl	an death accurred an the dat
and haur and from the causes stated abo	ave. (I) (We) (did) (did not)	view the bady after death.		
23A. SIONATURE A A I	0	0065		23B. DATE SIGNED
toseph Moleran			Stoff Stoff	3-8-1965
23C. PHYSICIAN'S	4	23D. ADDRESS	Phys.	• • • • • • • • • • • • • • • • • • • •
NAME (Type) CEPH NOTA	RANGELO	MERRY	HOSPIT	TAC
2000	M.D.	1.1.1	1107111	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CE	REMATORY 24D. LO	CATION (City,	, town, or county) (Stote)
13/4/2/ 1/M24/5	Baltumore	11/2 + 1 7	Balt. Y	N/
25A, DATE REC'D BY HEALTH DEPT.   25B, N	AME OF REGISTRAR	25C FILMERAL DIRECTOR	14/10, 11	ADDRESS
MAD 11 4000	. 0 7 0	25C. FUNERAL DIRECTOR	- 6//	ADDRESS // D.
MAK 11 1965 (R.J.	See It E. Starbey M.A.	Durine 10	Meralliton	18 563/14/15/20
V\$ 150-REV. 1/1/65		Bu NIAlin	1111111111	MAN





FUNERAL DIRECTOR: IMPORTANT

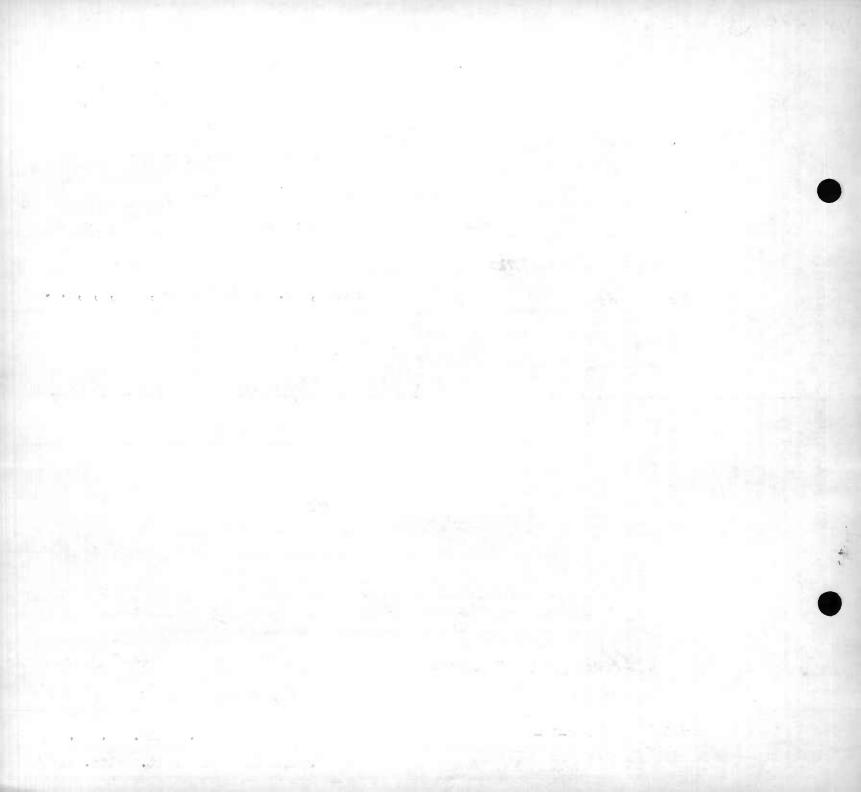
ALE CASE NO.  PLACE OF DECEASED  SPEND OF DECEASED  (If not in hospitol or institution, give street oddress or locotion)  JOHNS HOPKINS HOSPITAL.  SEX  6. RACE WHITE  OA. USUAL OCCUPATION (Give kind of work lose during good of working life, even if retired)  JOHN LOREK.  5. Was Deceased Ever in U. S. Armed Forces?  (es, no or unknown) (III yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease,	RRIED B. DATI D (specify) 2-2  DR INDUSTRY 11. BIR  14. MC	JAL RESIDENCE PWINTE  MARYLAN Y OR YOWN (IF C	putside city limits, write  24  If rurol, give locotion)  7 ST  9. AGE (In years last 52  AME	
SEX  6. RACE  WHITE  OA. USUAL OCCUPATION (Give kind of work)  One during most of working life, even if retired)  JOHN LOREK.  5. Was Deceased Ever in U. S. Armed Forces?  (es,no ou unknown) (Iff yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenic, etc. II means the disease,	RRIED B. DATI D (specify) 2-2  DR INDUSTRY 11. BIR  14. MC	JAL RESIDENCE AWA NT OR TOWN (IF O ALTIMORE REET ADDRESS (O CURLEY FOR SIRTH 1-13 THPLACE (Stote of fo ARY ANA ORMANT	prize deceased lived. If in ITY  ID  putside city limits, write  24  If rural, give location)  ST.  9. AGE (In years last 52  AME	institution: residence before RURAL and give towns  If Under 1 Yr. If Months: Doys House 12. CITIZEN OF WHAT COUNTS
FULL NAME OF HOSPITAL ON ODDITE OF HOSPITAL OR INSTITUTION  JOHNS HOPKINS HOSPITAL.  SEX  6. RACE WHITE  OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)  JOHN LOREK.  5. Was Deceased Ever in U. S. Armed Forces?  (es,no al unknown) (Iff yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease,	RRIED B. DATI D (specify) 2-2  DR INDUSTRY 11. BIR  14. MC	MARYLAN TY OR TOWN (IF C  ALTIMORE REET ADDRESS (I) OB CURLEY E OF BIRTH 1-13 THPLACE (Stote of for ARY) OTHERS MAIDEN N. ANNA ORMANT	putside city limits, write  24  If rural, give location)  ST.  9. AGE (In years  last 52  ay)  AME	If Under 1 Yr. If Months: Doys Hours 12. CITIZEN OF WHAT COUNTS
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ALE  WHITE  OA, USUAL OCCUPATION (Give kind of work)  WHOME OF BUSINESS Cone during most of working life, even if retired)  WHOME OF BUSINESS Cone during most of working life, even if retired)  WHOME OF BUSINESS Cone during most of working life, even if retired)  WHOME OF BUSINESS CONDITION OF BUSINESS COND	RRIED B. DATI D (specify) 2-2 DR INDUSTRY 11. BIR 14. MC	E OF BIRTH  1-13  THPLACE (State of to  PRY PR  DTHERS MAIDEN N.  ANNA  ORMANT	9. AGE (In years last 52 lay) seign country)	12. CITIZEN OF WHAT COUNT
ALE  WHITE  OA, USUAL OCCUPATION (Give kind of work)  WHOME OF BUSINESS Cone during most of working life, even if retired)  WHOME OF BUSINESS Cone during most of working life, even if retired)  WHOME OF BUSINESS Cone during most of working life, even if retired)  WHOME OF BUSINESS CONDITION OF BUSINESS COND	D (specify) 2-2  DR INDUSTRY 11. BIR  14. MC	THPLACE (State of to ARY AND OTHERS MAIDEN N. ANNA ORMANT	leign country)	12. CITIZEN OF WHAT COUNT
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS Cone during most of working life, even if retired)  JOHN LOREK.  S. Was Deceased Ever in U. S. Armed Forces?  (es, no or unknown) (Iff yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease,	DR INDUSTRY 11. BIR	THPLACE (State of To	neign country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired)  IN IST.  3. FATHER'S NAME  JOHN LOREK.  5. Was Deceased Ever in U. S. Armed Forces?  (es,no or unknown) (Iff yes, give wor or dates of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc., II means the disease,	14. MC	ARY AND THERS MAIDEN NO. ANNA ORMANT	AME	WHAT COUNT
JOHN LOREK.  5. Was Deceased Ever in U. S. Armed Forces?  (es, no or unknown) (Iff yes, give wor or dates of service)  18. J  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease,	14. MC	ANNA ORMANT	AME	
JOHN LOREK.  5. Was Deceased Ever in U. S. Armed Forces?  (es, no or unknown) (If yes, give wor or dates of service)  18. LOREK.  16. SOCIAL SECURITY  2/10-03-  18. LOREK.  18. LOREK.  19. SOCIAL SECURITY  2/10-03-  19. SOCIAL SECURITY	14. MC	ANNA ORMANT	AME	222000
16. SOCIAL SECURITY  18. 1 DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. II means the disease,	17. INF	ORMANT		ADDOC
16. SOCIAL SECURITY  18. 1 DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. II means the disease,	17. INF	ORMANT		222000
18.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	TV NG			
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	CAUSE OF DEAT	NALORCK		
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	CAUSE OF DEAT		108 N.CU	Rley ST.
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	_	TH .		INTERVAL I
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	//	A	1.7.1	# 7
hearl failure, asthenia, etc. It means the disease,	(A) ULL	le myoca	who hopen	4 3/
initial of complication which several death !	DUE TO			
injury or camplication which caused death.)	4.00	re 1		
711110000111 0710000	DUE TO			**************************************
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the	(C)			
UNDERLYING CONDITION last.	(0)			
II .				
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	120.4		1 1 000	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	RATION	AUTOPSY? (res or r	IN CERTIFYING CA	FINDINGS CONSIDER
21A. ACCIDENT WAS UNDERLYING 21R PLACE OF L	INJURY (e.g., io or obor	725 ·	(If in Rollima	ore City, give exact loca
OR CONTRIBUTING CAUSE OF home, form, foctor	lory, street, office bldg	, INJURY OCCUR?	tii in bolilmo	ire City, give exoct loco
1-6				
21D. TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OC		21F. HOW DID IN	JURY OCCUR?	
(APPROX) While At	At Work			
22. I certify that (I) (this hospital) attended the deceased	d fram	1/8	19 60 10	3/5
that (I) (we) last saw the deceased alive an	- /-	- 1 -		oinian death accurred
and haur and from the causes stated above. (1) (We) (did)				
23A. SIGNATURE	, (310 1101) 110 110	Judy Giler death	•	23B, DATE SIGNED
11/1/1/	M.D. Attending Phys.	Med.	Stoff V	7/
23 C. PHYSICIAN'S		Director	Phys.	1/9
NAME (Typel	23D. AD	DKESS T	11.	: 11
	1			1
1. 1. 1.01616	, M.D.	Joh	us ITOPK	cine Ansb.
4A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEM	M.D.	Joh 24D.	LOCATION 10	City, town, or count)
		John Palo.	LOCATION CO	City, town, or county)
	NETERY OF CREMATOR	Joh Y 24D. Enx Bi Funeral Director	AlTIMORE	City, town, or county  ADDRES  BALL  ADDRES



IMPORTANT

DIRECTOR:

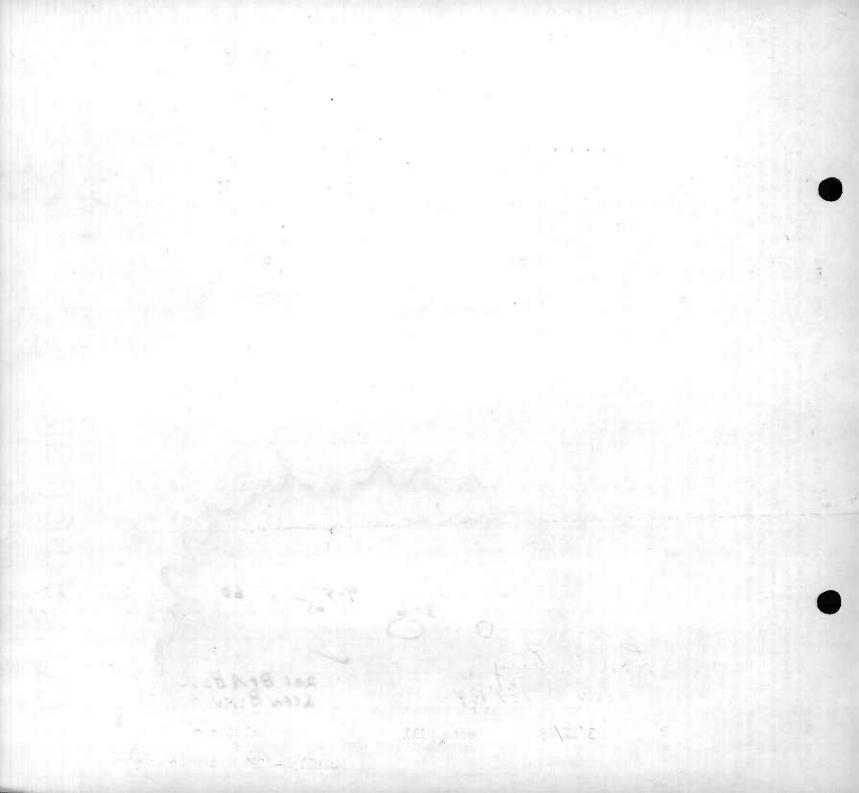
FUNERAL



5 1 1786 95 25 22.7 Sent Ed English Williams Wil

		_	_		-1	
5	-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ch.	
		al ar	dea	on t	. Su	
		spite	10 e	900	eath	
		a ho	aus.	ndai	to d	/
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		st be	dsed	pspit	deat	must
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		Ficat	Was	A at	prio	DDFO
		ertii	ybo	D.O.	ased	en a
		This	he b	V ds	Jece	written approval must be obtained before the remains are embalmed or final disposition is made.
		_	- 4		9	-

OF OOF	BALTIMORE O	CITY HEALTH DEPARTMENT	65 2650
BIRTH NO. 65 2651	CERTIFIC	CATE OF DEATH Registered No.	
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  SA	RA C. STICKELS	2. DATE AND HOUR OF DEATH	7÷18P
3. PLACE OF DEATH IN BALTIMORE, M	AARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	
FULL NAME OF (If not in hospite	ol or institution, give street	Md.	11/1
HOSPITAL OR oddress or local		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
3		Glen Burnie	57-00
S.B.G.H.		D. STREET ADDRESS (If rural, give location)	
		III6 McHenry Drive	
F 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost bighday) 5/3/99	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of widden during most of working life, even it retired		STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	"	Md.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
TI TI	Inknown	Unknown	
5. Was Deceased Ever in U. S. Armed I	Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or do	oles of service) SECURITY NO.	Family - Same	
18.420 1 I	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION I	DIRECTLY	The same of the sa	1 86 -
LEADING TO DEAT	of dving e.g. (A)	ORONARY I HROMBOSIS	148.
heart failure, asthenia, etc. It mea	ns the disease,	CORONARY THROMBOSIS RONARY ATHEROSCLEROSIS	11
injury or complication which cous	ed deom.)	RONARY ATHEROSCLEROSIS	9-4RS _
ANTECEDENT CAUS	DUE TO	ža bu tie kondonnu s 2000 na 64 u tie 2 00 00 00 tie 66 tie 67 u tie 2 u noti andradali, u z zamiernostii indada O	
DISEASES OR CONDITIONS, if			
UNDERLYING CONDITION last.		000 100	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE		
19A. DATE OF OPERATION 198. CO	G IT.  DINDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e home, farm, foctory, stree etc.)	e.g., in or obout 21 C. WHERE DID (If in Boltimo	ore City, give exact location)
D 21D. TIME (Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)		While	
	Work L At W		2 9/2
	tal) ottended the deceased from	18	3-7 1965
that (1) (we) lost saw the decea			pinion deoth occurred on the d
	toted obove. (1) (We) (did) (did no	view the body ofter deoth.	
23A. SIGNATURE	P	And Sad Sad	23 B. DATE SIGNED
Bon C.	Lerry , M.D.	Attending Med. Stoff Phys.	3-9-65
23C. PHYSICIAN'S NAME (Type) LEON (	PERRY N	A.D. ADDRESS 201 BYABLUD,	NW.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	City, town, or county) (State
B 3/II/	65 Cedar Hill	Baltimore	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR.	ADDRESS
MAR 11 1005	120 FE & G. G. M.	Mcurly - 237 Patapsci	
WE TEO BEY 1/1/65	134	trout.	



IMPORTAN

FUNERAL DIRECTOR:

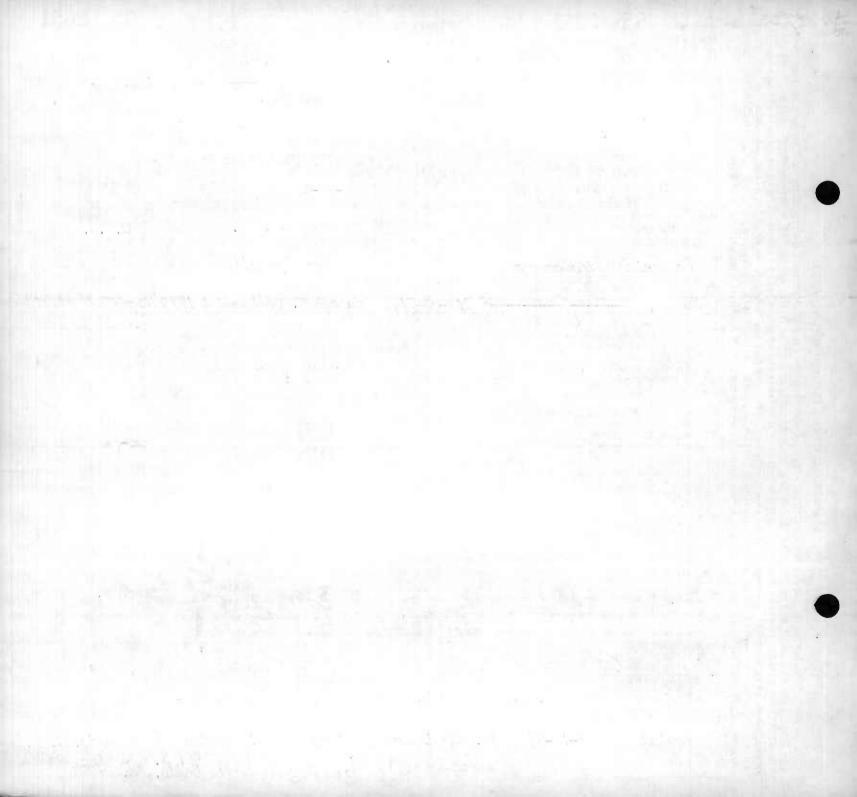
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BALTIMORE CITY HEALTH DEPARTMENT

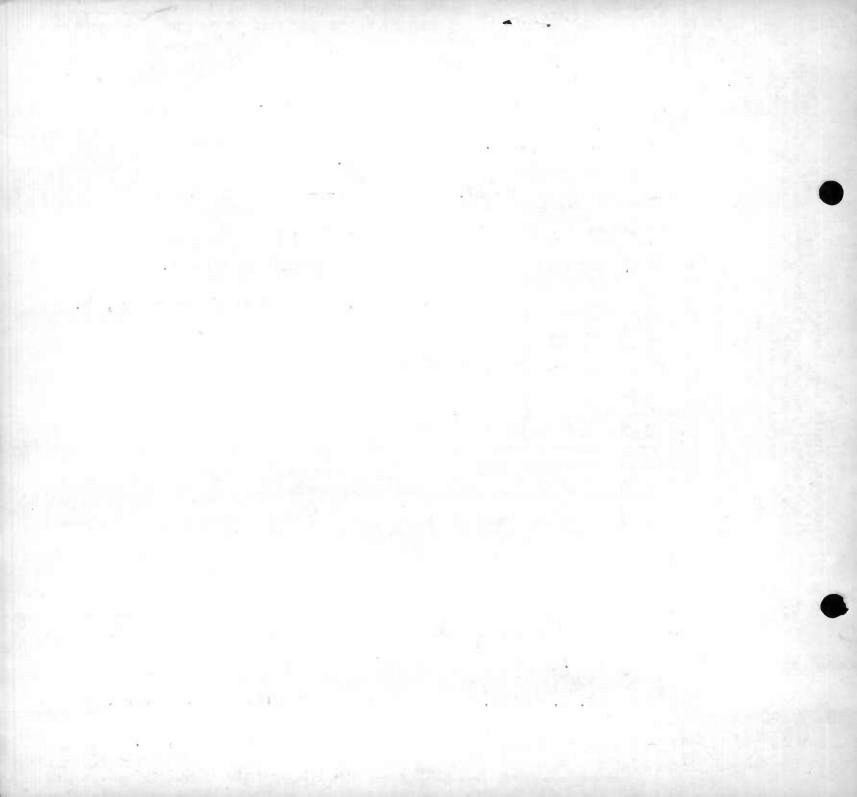
If Under 24 Hrs.

INTERVAL BETWEEN

ONSET AND DEATH



	wasi	ungton to mig.		BALTIMORE CIT	Y HEALTH DEPARTMENT		05 0050
BIRTH	1 NO. 6	5' 265%.	~	CERTIFICA	TE OF DEATH	Registered Na.	65 2652
	CASE NO.	. A CED		OEK / III / O/			
	or Print)		HINCO			AND HOUR OF DEATH	
2 81	ACE OF DE	BABY GIRL		EKGEK	The Herris are Device of	March 10,	1965   2.50 Am.
3. PL	ALE OF DEA	TH IN BACILMORE, MARTLA	AND		A. STATE B. CO	UNTY	institution: residence before admission)
Ft	JLL NAME O	F (If not in hospital or in	stitution, g	ive street	PENNA		1/-25
	OSPITAL OR	oddress or location)			C. CITY OR TOWN III	outside city limits, write	RURAL and give township)
2					MERCERSBUR	eG .	
2	JOHNS	HOPKINS HOSP	ITAL.		D. STREET ADDRESS	(If rural, give location)	
					RT. 2		
5. SE	X	6. RACE 7. 1	MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	EMALE	WHITE	INFAL	, DIVORCED (specify)	3-5-65	5 DAYS	Months Doys Hours Min.
		JPATION (Give kind of work 108.					12. CITIZEN OF
done	2.2	working life, even if retired)			D 311		WHAT COUNTRY?
		worked			Baltimore, Ma		
13. F	ATHER'S NAM	A E			14. MOTHER'S MAIDEN	NAME	
	HENRY	C. HUNSBERGER			MARTHA	GROSSNICKLE	•
15. W	os Deceased	Ever in U. S. Armed Forces?		16. SOCIAL	17. INFORMANT		ADDRESS
1165,	No		service/	None	Man Hammer Una	shamsan Mana	
	IB. T	None			Mr. Henry Hun	sperger merce	INTERVAL BETWEEN
	10	6,2		CAOSE	DE DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION DIRECT	TLY	1		1	1 214
	(This does n	of mean the mode of dyi	na. e.a	DUE TO	le respiratory aci	closis & Carchine	arrest 36 hours
	heart failure,	osthenio, etc. Il meons the	disease,		,		
		plication which coused dea	m./	m Pres	maturity		Since Birth
		ANTECEDENT CAUSES		DUE TO		************************	
		OR CONDITIONS, if ony,					
		above couse (A) sta G CONDITION lost.	ing the	(C)			
-		11					
Z	OTHER SIGNI	II FICANT CONDITIONS CON	TRIBUTING				
ATIO	TO THE D	EATH BUT NOT RELATED CONDITION CAUSING IT.		Trache	eo- esophageal	fistula	Since hirth
U T		OPERATION 198. CONDITION					FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	3 .3-	8-65 WAS PERFORM		phageal fistul	YF8	IN CERTIFYING C.	AUSES OF DEATH?
U I	21A. ACCIDE	T WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DIE	(If in Boltimo	re City, give exact location)
AL	OR CONTRIBL	medical examiner	home	e, form, foctory, street,	office bldg., INJURY OCCUR	?	
2			, , ,		015 110111 515		
	OF INJURT	(Month) (Doy) (Year) IH		INJURY OCCURRED		INJURT OCCUR?	
<	(APPROX.)		Worl	Not Wh			
1	22. 1 certify	that (I) (this hospital) at	tended th	e deceased from	March 7	19 65 ta	March 10 1965.
		last saw the deceased a					inion death occurred an the dote
							The death occorred at the dete
L L	3A, SIGNATU	fram the causes stated	abave. (I,	(me) (aia) (aia nat)	view the bady after dea	in.	DATE SIGNED
ľ	JAI SIOITAI O	0.0 11	1	M.D. At	tending Med.	Stoff (	238. DATE SIGNED
	4	. Warry Jes	her,		ys. Director L	Phys.	3-10-65
	NAME (T				23D. ADDRESS		
		DR. D. FI	SHER.	M.D	JOHNS HOPKI	NS HOSP.,	BALTO. 5, MD.
24A.	REMOVAL	MATION, 248. DATE	24C. NA	ME of CEMETERT or CI	REMATORY 24D	LOCATION (C	City, town, or county) (State)
-		3/10/196				Mamaanahum	R-
25A.	DATE REC'D			F REGISTRAR	25C. FUNERAL DIRECT	Mercersburg,	ADDRESS
		MAR 1 1 1965 1	) A. B.	a C & FACO. DOD	O O LOT!	17 0	Balto mel 2,1217

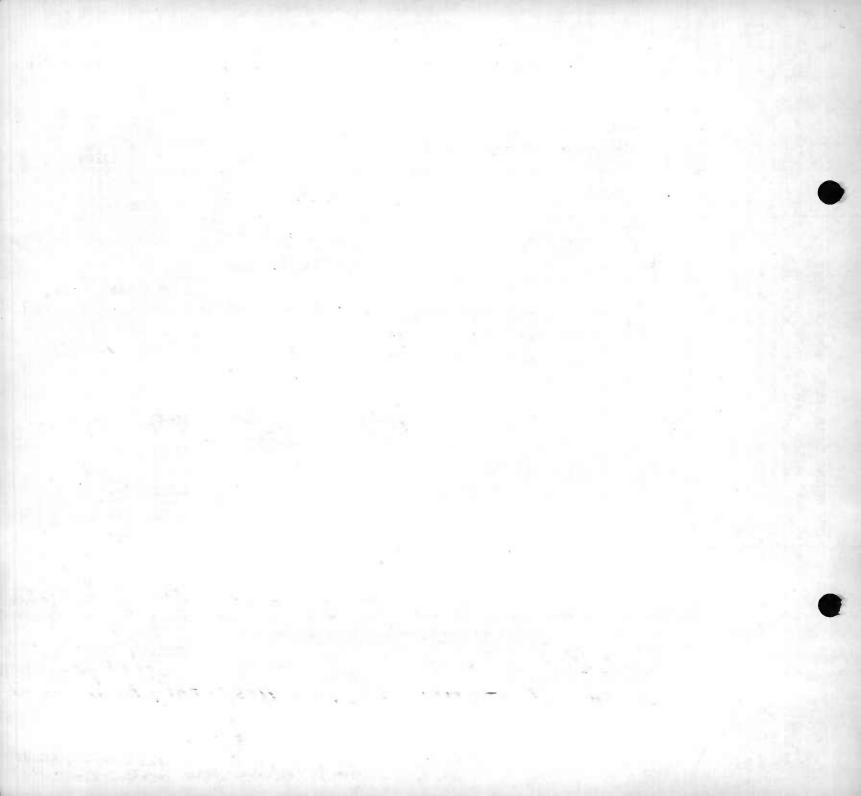


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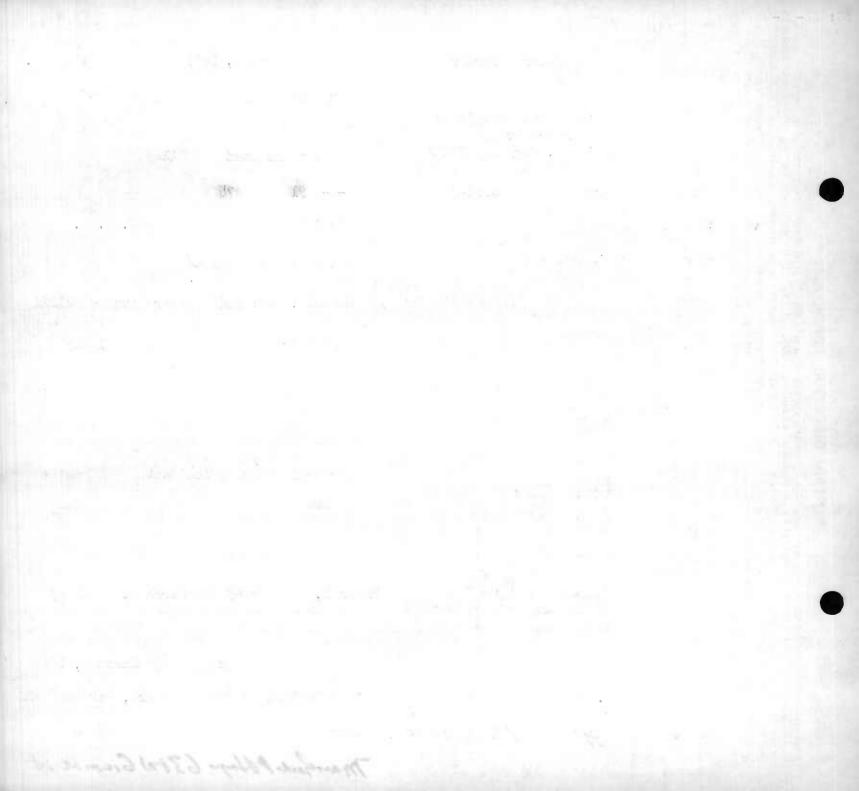
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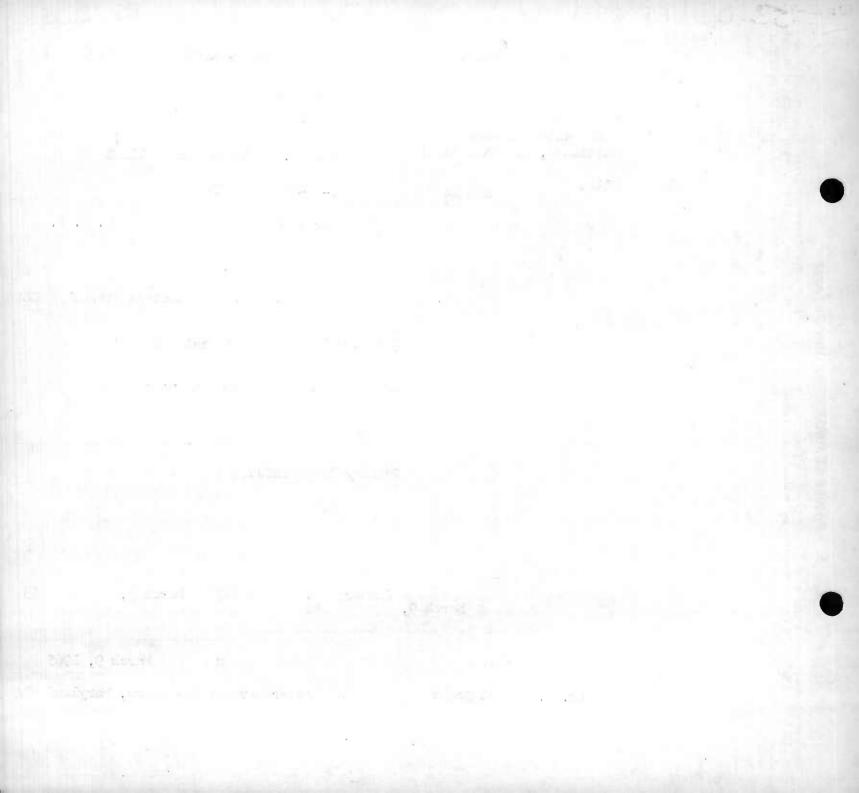
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BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) March 9, 1965 1:30 James Parker 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE Manyland (II not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 21224 842 Bethune Road 21225 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Male 1-5-1891 74 Married Negro 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE |State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even\_it retired) U. S. A. KET LABORER Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ONNSON 7. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. NO RECORDS: BCH: 4940 Eastern Avenue #21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pneumonia 1 Day (This does not mean the mode of dying, e.g., DUE TO heart foilure, osthenia, etc. It means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Vascular Accident 4 Months 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact location) DEATH Inotify medical examiner elc.) MEDI 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At [APPROX.) Work At Work to March 9, 22. I certify that (I) (this hospital) attended the deceased fram March 1 1965 March 9 65 that (1) (we) last saw the deceased alive an. ...and that In(my) (aur) apinian death accurred an the date and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff Phys. X March 9. 1965 Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Dr. Marvin Schuster 4940 Eastern Avenue Baltimore. Maryland #24 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION REMOVAL (Specify) TACEDONIA was dece 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT.



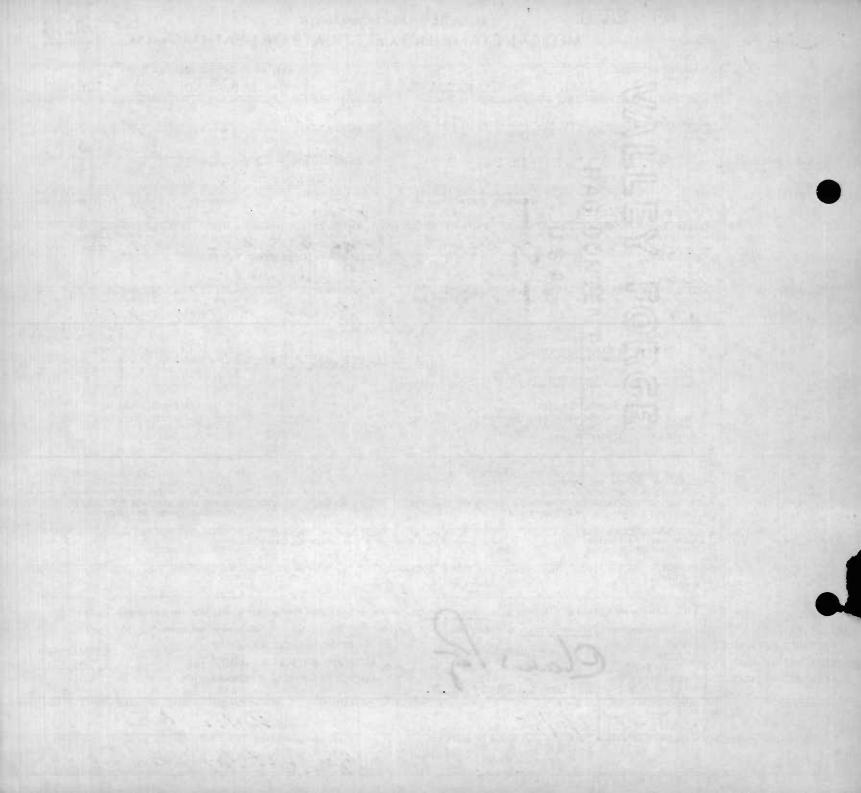


65 2656

		MEDIC	A
BIRTH	NO.	MEDICA	4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)		2.	DATE AND HOUR PRONOUN	CED DEAD
ALLEE	HAYEWOOD		March 9, 1965	10:30 P M
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDEN	CE(Where deceased lived, If in B. CO	stitution: residence before odmission UNTY
FULL NAME OF (IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryl.		
OSPITAL OR ADDRESS OR LOCA	(TION)	C. CITI OK IOWN	(If outside corporate limits, wri	te RUKAL and give lownship)
		Balti	nore /	100
St. Joseph's Ho	spital		(If rural, give location)	
		**	owen Alley	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months, Doys, Hours, Min.
Female Negro	w.00w	8-28-	1876 88	
OA. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto		12. CITIZEN OF WHAT COUNTRY?
	AT HOME	FRE MOI	UT N.C	1154
HOMEMBRER 3. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
BURKETT A	UANS	JULIA	ANN	
WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.	P. K. I	1 and decom	6011 61
100	12	1018115 11	xyword Toff	KIINTER UT
18. 4. 20. 0 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY			
LEADING TO DEATH	dving an (A) Arter	iosclerotic	Heart Disease.	
(This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused of	dying, e.g., DUE TO			
injuly of complication which coused to	00011.7			
ANTECENDENT CAUSE	\$			
DISEASES OR CONDITIONS, IF A	NY, GIVING DUE TO		******************	
UNDERLYING CONDITION LAST,	A INC.			
Z	(C)			
ll .	CONTRACTOR			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL				
DISEASE OR CONDITION CAUSING				
19A, DATE OF OPERATION 19B. CON			IN CERTIFYING CAL	
		No		
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHE	RE DID (If in Boltimore City, CCUR?	give exact location)
UTING CAUSE OF DEATH.	etc.)			
21D TIME (Month) (Doy) (Yeor	etc.)		DID INJURY OCCUR?	
	) (Hour) 21E. INJURY OCCURRED	21 F. HOW		
OF INJURY (APPROX.) (Month) (Doy) (Yeor	) (Hout) 21E. INJURY OCCURRED	21 F. HOW		
21D TIME (Month) (Doy) (Year	) (Hour) 21 E. INJURY OCCURRED  WHILE AT NOT WORK AT W	21 F. HOW		my oplnian
21D TIME (Month) (Doy) (Yeor (APPROX.)	) (Hour) 21E. INJURY OCCURRED  WHILE AT NOT WORK AT W	21F. HOW WHILE ORK OPSY ond th	OID INJURY OCCUR?	
21D TIME (Month) (Doy) (Year OF INJURY (APPROX.)  22,  I certify that I held an In	) (Hour) 21E. INJURY OCCURRED  WHILE AT NOT WORK AT W	21F. HOW WHILE ORK opsy ond the	ot on this bosis, deoth In  Undetermined man	ner 🗍
21D TIME (Month) (Doy) (Year OF INJURY (APPROX.)  22. I certify that I held an Ir resulted from: Natural countries of ACTUAL	(Hour) 21E. INJURY OCCURRED  WHILE AT NOT WORK AT W  Inspection X Aut  JSES X Accident Suicide	opsy ond the Homicide	ot on this bosis, deoth in  Undetermined mani	DATE SIGNED
21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22, I certify that I held an Ir resulted from: Natural country (ACTUAL SIGNATURE	(Hour) 21E. INJURY OCCURRED  WHILE AT NOT WORK AT W  Inspection X Aut  JSES X Accident Suicide	while 21F, HOW ond the Homicide CHIEF MED	ot on this bosis, deoth In Undetermined man	ner 🗍
21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22. I certify that I held an Interest of the	(Hour) 21E. INJURY OCCURRED  WHILE AT NOT WORK AT W  Inspection X Aut  JSES X Accident Suicide  M. D.	while 21F, HOW ond the Homicide CHIEF MED	ot on this bosis, deoth in  Undetermined mani	DATE SIGNED
21D TIME (Month) (Doy) (Year OF INJURY (APPROX.)  22. I certify that I held an Ingresulted from: Natural countries in the second of the second	while AT NOT WORK AT WORK AT WAT WORK AT WAT WORK Suicide  NOT WORK AT WAT WAT WAT WAT WAT WAT WAT WAT WAT	opsy ond the Homicide CHIEF MED ASSISTANT MED ASSOCIATE MED	ot on this bosis, deoth In  Undetermined mani CAL EXAMINER  ICAL EXAMINER	DATE SIGNED 3/10/65
21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22. I certify that I held an Interest of Industrial Control	(Hour) 21E. INJURY OCCURRED  WHILE AT NOT WORK AT W  Inspection X Aut  JSES X Accident Suicide  M. D.	opsy ond the Homicide CHIEF MED ASSISTANT MED ASSOCIATE MED	ot on this bosis, deoth In  Undetermined mani CAL EXAMINER  ICAL EXAMINER  ICAL EXAMINER  (Cit  23D. LOCATION  (Cit	DATE SIGNED 3/10/65
21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22.   Certify that I held an Interest of Injury (APPROX.)  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles  3A. BURIAL CREMATION, EMOVAL (Specify)  BURIAL CREMATION, 23B. DATE	while AT NOT WORK AT WORK AT WORK AT WORK Suicide  S. Petty, M.D.    100	while ond the ond the Homicide CHIEF MED ASSISTANT MED ASSOCIATE MED	ot on this bosis, deoth In  Undetermined manual CAL EXAMINER  ICAL EXAMINER	DATE SIGNED 3/10/65  y, town, or county) (State)
21D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22.   Certify that I held an Interest of the	while AT NOT WORK AT W	opsy ond the Homicide CHIEF MED ASSISTANT MED ASSOCIATE MED	ot on this bosis, deoth In  Undetermined manual CAL EXAMINER  ICAL EXAMINER	DATE SIGNED 3/10/65



^	2. DATE AND HOUR PRONOUNCED DEAD	0 (
William Millian	3/8/65	9:4

1. NAME OF DECEASED (Type or Print)  Walter Milligan	2. DATE AND HOUR PRONOUNCED DEAD 9:40 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write BURAL and give ownship)
	Baltimore 0 700
Hopkins Hospital	D. STREET ADDRESS (If rurol, give location)  1935 E. Lafayette Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs Inch pirthday) Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 08. KIND OF BUSINESS OR INDUSTRY done during most of working blof work relied hand Railivay	11. BIRTHPLACE (Stoty & forcion country)  12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Sula adams
Yes, no grunknawn lif yes, give war ar dates of service SECURITY NO.	182 5 5 1 1 1 0 6
11B. CAUSE	OF DEATH INTERVAL BETWEEN
4	ONSET AND DEATH
LEADING TO DEATH	osclerotic cardio vascular disease
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which coused death.)	
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or about 21C, WHERE DID (If in Boltimore City, give exact lacotion) ffice bldg., INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WORK AT W	21F, HOW DID INJURY OCCUR?
22.	opsy and that an this bosis, deoth in my opinian
resulted from: Natural causes X Accident Suicide	Homicide Undetermined manner
ACTUAL MARCA A 6-6.	CHIEF MEDICAL EXAMINER DATE SIGNED

SIGNATURE

ASSOCIATE MEDICAL EXAMINER

3/9/65

(City, town, or county)

Werner U. Spitz, M.D. NAME (Type) 23A. BURIAL CREMATION, 238, DATE REMOVAL (Specify)

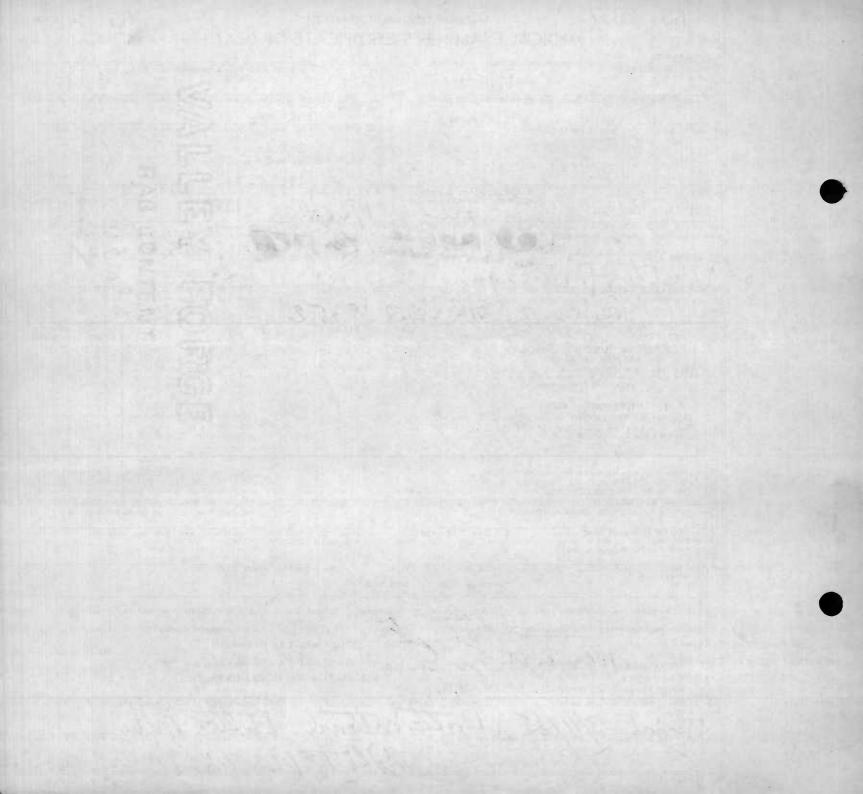
23C. NAME of CEMETERY OF CREMATORY

23D. LOCATION

VS 151-REV. 1/1/65

EXAMINER'S

21213



shows:

SD

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Registered No. BIRTH NO. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mrs. Helen Fillings, 2823 W.Mulberr INTERVAL BETWEEN ONSET AND DEATH day 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Battimare City, give exact location) march ond that in (my) (aur) opinion death occurred on the date 23B. DATE SIGNED 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 2/65 New Freedom Cemetery New Freedom. Penna. 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Witzke F.D. 4101 Edmondson APORESS VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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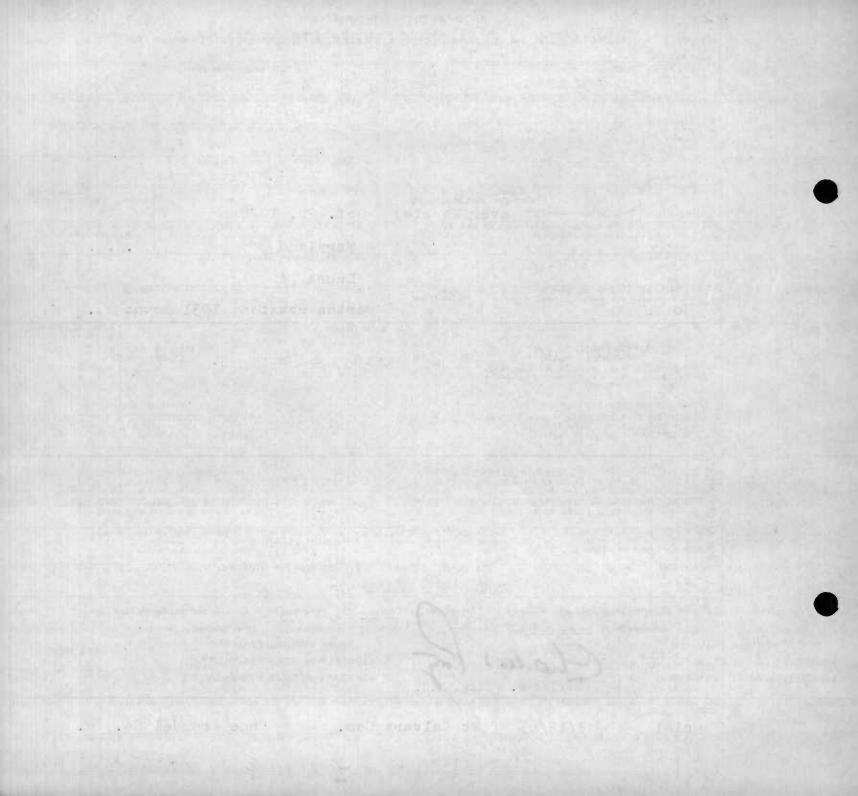
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			EALTH DELAKTMENT		UU
2659	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.

M.E. CASE NO.	CAL LA	AMINICOC	LKIIIICA		) L/(((( ) ) )		
1. NAME OF DECEASED					HOUR PRONOUNCE	DEAD	
MARCELLENE		JOHNSON			9, 1965		9:20 P M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE		deceased lived. If insti B. COU	tution: reside	nce belote admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	TON, GIVE STREET		ryland	carparate limits, write	RURAL and	give township)
HOSPITAL OR ADDRESS OR LOCA	(IION)				11.	~ ^ ~	
Provident Hospit	- 0.1		D. STREET ADDR	Itimore	give location)	00	
Trovident nospit	aı				ilmor Stree	at	
5. SEX 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	4	9. AGE (In years last birthday)		Yr. If Under 24 Hrs
Female Negro		or Married	Oct. 2	6 102		Manths	ays   Haurs   Min.
IDA. USUAL OCCUPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreign	n country)	12. CITIZEN	
dane during most of working life, even if retired)						U.S.	COUNTRY?
13. FATHER'S NAME			Maryl	AIDEN NAME		0 10	
			Laura	9			
15. WAS DECEASED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		LUBER VE	ADDRESS	
Yes, na arunknown) (If yes, give wor or date	s of service	SECORITE NO.	Bertha :	Braxto	n 1031 M	ount S	St.
18.		CAUSE	OF DEATH				NTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY						DINGET AND DEATH
LEADING TO DEATH (This does not mean the mode of			Liver an	d Cirrh	osis.		
heart failure, asthenia, etc. It means injury or complication which coused	the disease.	DUE TO					
DISEASES OR CONDITIONS, IF A		(B)DUE TO					
RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.	TATING THE	DUE TO					
		(C)					•••••
<u> </u>			1 - 10 / 10 / 10				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TO A DATE OF OPERATION 198, CON							
DISEASE OR CONDITION CAUSING	IT.	100400000000000000000000000000000000000					000000000000000000000000000000000000000
19A, DATE OF OPERATION 19B, CON		WHICH OPERATION	Ye.		20 B. IF YES, WERE FII		
21 A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,	in at about 21C. V	VHERE DID	If in Boltimare City, gi	ve exact loc	otian)
UNDERLYING OR CONTRIB-	etc.)	, form, foctory, street,	othice bidg., INJURT	OCCUR?			
21D TIME (Month) (Day) (Yea	r) (Haur) 2	1E. INJURY OCCURRED	21 F. H.C	DENI DID WO	RY OCCUR?		
OF INJURY (APPROX.)	V	VHILE AT NOT	WHILE O				
22.	m. \	VORK LAT W	ORK				
I certify that I held on I	nquiry	Inspection Au	topsy 🗶 one	d that on thi	s bosis, deoth In n	ny opinion	
resulted from: Notural co	uses X	coldent J Suicid	-		Indetermined monne	br 🔛	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		/_			AMINER		DATE SIGNED
ACTUAL SIGNATURE	alles )	1 coly M.D	. ASSISTANT M				3/10/65
EXAMINER'S NAME (Type) Charle	s S. Pe	tty, M.D.	ASSOCIATE M	EDICAL EX	(AMINER		
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23	C. NAME OF CEMETERY	or CREMATORY	23 D. Le	OCATION (City,	, tawn, ar ca	unty) (State)
Burial 3/12	165	Mt Calvary			ne Arunde		
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		AC	DORESS
MAR 11 1965 R.C.	F 2 16	Course a	Elys	11/1	An 1348;	81 C.	hun St
VS 151-REV. 1/1/65	3 3 :		126	THI MA	6770/01	. cece	



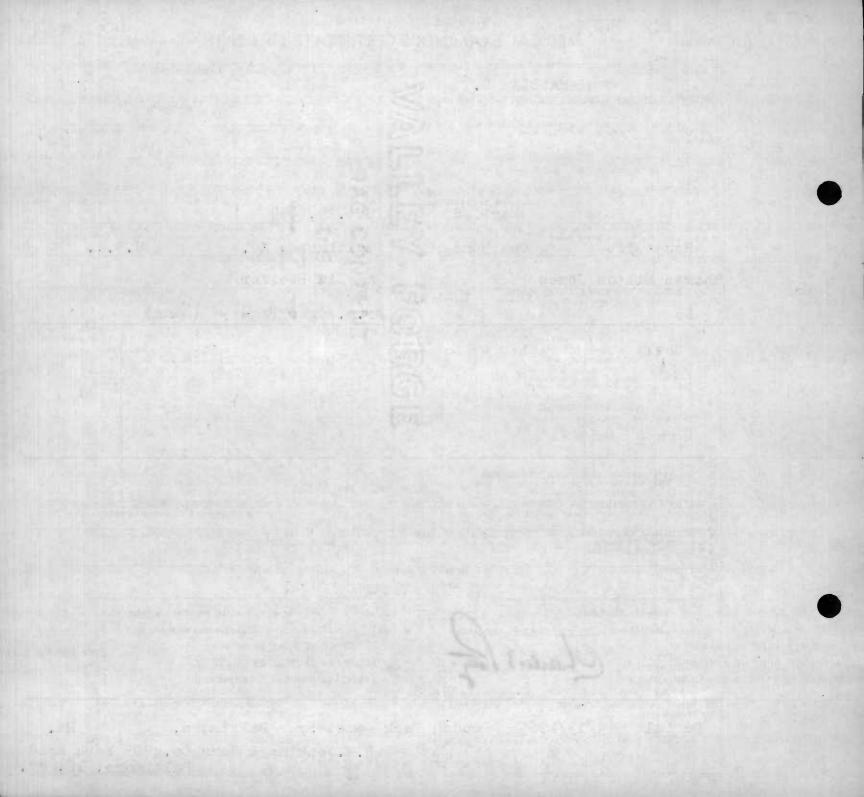
FULL NAME OF HOSPITAL OR INSTITUTION  SEX Female  6. RA	(If not in hospital of oddress or location)  Baltimore 4940 aste Baltimore	or instilution, gi		Mary]	B. COUN	re deceosed lived. J in		10:00
SEX Female 6. RA	Baltimore 4940 ast Baltimore	City Ho		Mary]		111		
sex Female 6. RA	Baltimore 4940 ast Baltimore	City Ho	spitals			tside city limits, write	5-0	6
Female	4940 ast Baltimore			Balti		iside city limits, write	KUKAL ond giv	e township)
Female	Baltimore			D. STREET A		rurol, give location)		
Female	1.65	, Maryla			Baker St	treet 21	216	
			NEVER MARRIED	B. DATE OF B	IRTH	9. AGE (In years lost birthday)	If Under 1 Y Months Doy	r. If Under
	Negro	Mair	TIED (specify)	3-23-	-12	52	I Violinia S	3 110013
USUAL OCCUPATI		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or fore	ign country)	12. CITIZEN	OF OUNTRY?
	,,			Georg	ria		U. S	
FATHER'S NAME				14. MOTHER	MAIDEN NA	ME		
Fuen	15 Will.	Comme		Ro	SA Le	e Smith		
Wos Deceased Ever	in U. S. Armed Force	ces?						DRESS
	es, give war or dates			RECO	DS: BCH	1910 Easts	rn Amen	ne #DI
NO					DOI DOIL	4/40 -as ve		RVAL BETWE
1/9/	B CONDITION SIS	ECTIV	CAUSE	PEAIN				ET AND DE
		ECILI		Carc	inoma of	Breast		
(This does not m	nean the mode of	dying, e.g.,	DUE TO					**********
				M. 4		0.14		
ANTE	CEDENT CAUSES		(B)	Metas	tases to	central	**************************************	
DISEASES OR C	CONDITIONS, il c	any, giving	DOE 10					
		slaling lhe	(C)					
			141					
	NT CONDITIONS CO							
DISEASE OR CON								
19A. DATE OF OPE		DITION FOR W	HICH OPERATION	20 A. AUTO	PSY? (Yes or No	ON CERTIFYING CA	FINDINGS COL	N SIDERED
214 46612515			N . 65 05 1	1	NO			
OR CONTRIBUTING	CAUSE OF	21B. F	, form, foctory, street, o	ffice bldg., INJU	JRY OCCUR?	(If in Boltimor	e City, give exc	oct location)
						C. 10		
OF INJURY	nth) (Doy) (Year)				HOM DID INT	URY OCCUR?		
(APPROX.)		While	Not Whi	le				
22. I certify that	(1) (this hospital)	) attended the	e deceased from	larch 7.		19 65 to Me	arch 9.	19
23A. SIGNATURE		,	, , , , , , , , , , , , , , , , , , , ,				23B. DATE SI	GNED
Court his	en e	wal.	M.D. Att	ending	Med.	Stoff X		
23C. PHYSICIAN'S	. /. 00		Phy	23D. ADDRESS	опестот 🗀	rnys,		7-7-7-0
	Dr. C. Rohe	rt Cooke	a w D		astern A	venue Raltin	nore. Ma	rvland
REMOVAL (Specif	fy)	1 1	1 1 1		1	1 +	2-1	untyl
Durial					MI	64145	mia.	ADDRESS
MAD 11	1965 (R.C.)	E AMERICA	Carrie Carrie	ZSC. FUNI	KAL DIRECTOR			WINDKE22
	Wos Deceased Ever s, no or unknown) (If y NO )  18.  DISEASE OI LEA (This does not menor lailure, ashining or complice ANTE DISEASES OR CO THE DEATH DISEASE OR CON 19 A. DATE OF OPE 21 A. ACCIDENT WOR CONTRIBUTING DEATH (notily medically more contribution) (APPROX.)  21 D. TIME (Mo OF INJURY (APPROX.)  22. I certify that that (I) (we) lost ond hour and from 23 A. SIGNATURE	Wos Deceased Ever in U. S. Armed Fors, no or unknown) (If yes, give war or date  NO  18.  DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not mean the mode of heart lailure, asthenio, etc. If means injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove cause (A)  UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA  DISEASE OR CONDITION CAUSING I  19A. DATE OF OPERATION 19B. CON  WAS PERI  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  OF INJURY  (APPROX.)  22. I certify that (1) (this hospital that (1) (we) lost sow the decease and hour and from the causes stated that (1) (we) lost sow the decease ond hour and from the causes stated that (1) (This hospital that (1) (This hos	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)  NO  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  179A. DATE OF OPERATION 179B. CONDITION FOR WWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. home etc.)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING   21B. home etc.)  21A. TIME (Month) (Day) (Year) (Hour) 21E. Whill Work  21A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. C. Robert Cooke  A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)  3-15-65  A. DATE REC'D BY HEALTH DEPT. 25B. NAME (1)  25B. NAME (24C. NA  25B. NAME (25B.	Wos Deceased Ever in U. S. Armed Forces?  s,no or unknown) liff yes, give wor or dotes of service)  18.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart lailure, asthenic, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION Sott.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  22A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. C. Robert Cooke  M.D. Att Month (Company Control of the Company Control of the Company Control of Co	FATHER'S NAME    14. MOTHER'S   16. SOCIAL SECURITY NO.   17. INFORMAL SECURITY NO.   17. INFORMAL SECURITY NO.   17. INFORMAL SECURITY NO.   18.   18.   19	Wos Deceased Ever in U. S. Armed Forces?  s, no or unknown) (Iff yes, give wor ar doles of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart leiture, asthenio, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION LOST THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONTRIBUTION TO THE DISEASE OR CON	FATHER'S NAME    Color   Color	Web Deceated Ree in U. S. Armad Force?  Since of white was a contributed by the contribut

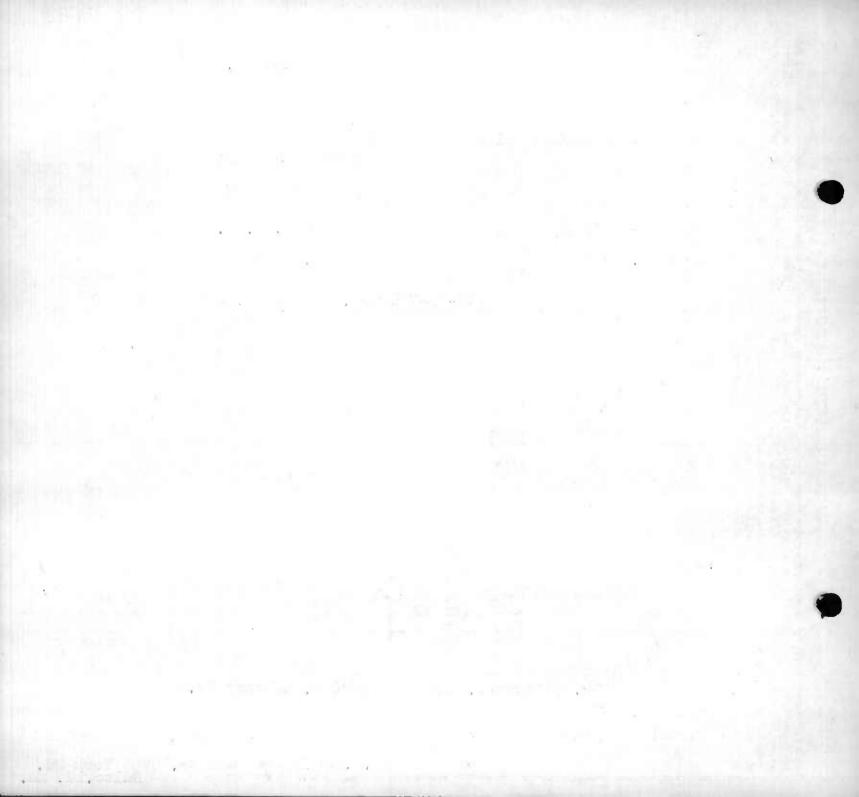
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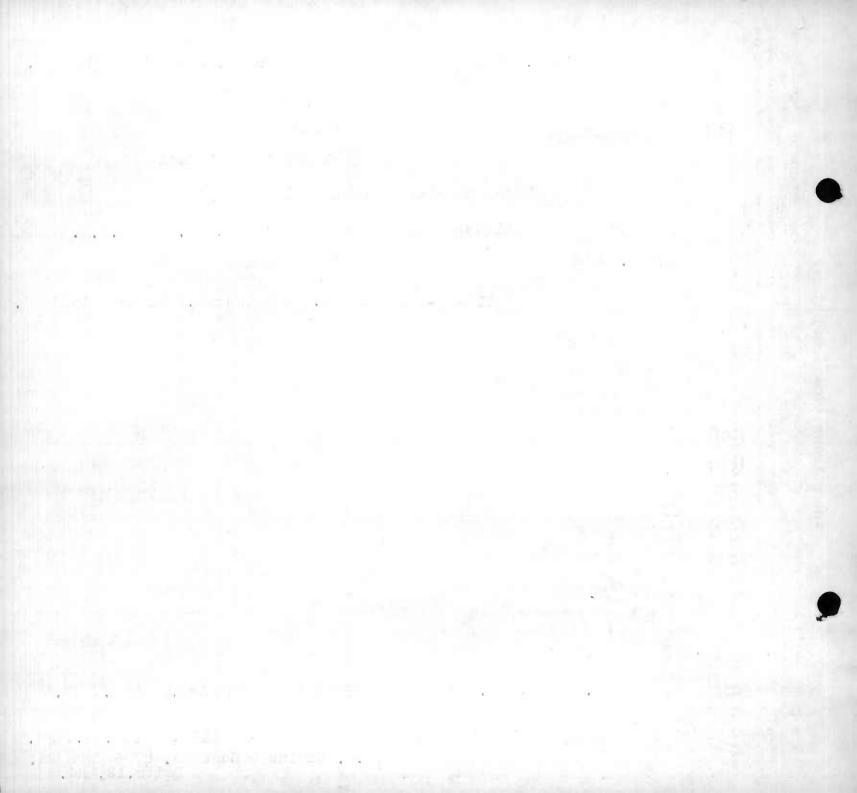
R200	BIRTH NO.  M.E. CASE NO.  BALTIMORE CITY HEA  MEDICAL EXAMINER'S C	ALTH DEPARTMENT  CERTIFICATE OF DEATH Registered No.	661						
9	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD							
	MANOLA G. PAGE  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	March 10, 1965  2:30 P.  M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
		A. STATE Maryland							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write BURAL gad give lownship)  Baltimore							
00	407 Rosebank Avenue	D. STREET ADDRESS (If rurol, give locoson) 407 Rosebank Avenue							
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Married	8. DATE OF BIRTH 9. AGE (in years lost birthday) Oct. 29,1894 70							
	IOA, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)  Housewife  Thousewife  The provided House H	Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY? U.S.A.							
	Thomas Milton Jones	Amelia Pfeifer							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS							
	No Dr.N.Edgar Page (Same)								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc., if meons the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  Arteriosclerotic Heart Disease.  (A)  DUE TO  (B)  DUE TO								
	Z (C)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Disease or CONDITION CAUSING IT.  Diabet	etes Mellitus.							
	19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	Z1A, EXTERNAL CAUSE WAS     UNDERLYING □ OR CONTRIB-     UTING □ CAUSE OF DEATH.     CAUSE OF DEA								
	m. WORK L AT	T WHILE WORK							
		ide Hamicide Undetermined manner							
	EXAMINER'S	CHIEF MEDICAL EXAMINER   D. ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER   3/10/6							
	NAME (Type) Charles S. Petty, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	For CREMATORY 23D. LOCATION (City, town, or county)	(State)						
	Burial 3/13/1965 Loudon Parl		d.						
	MAR 11 1965 Color E. Farley M.	H.W.Jenkins & Sons Co.4905 York Baltimore, 12							
	VS 151-REV. 1/1/65	les les							





DIRECTOR:

FUNERAL



FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

Hours

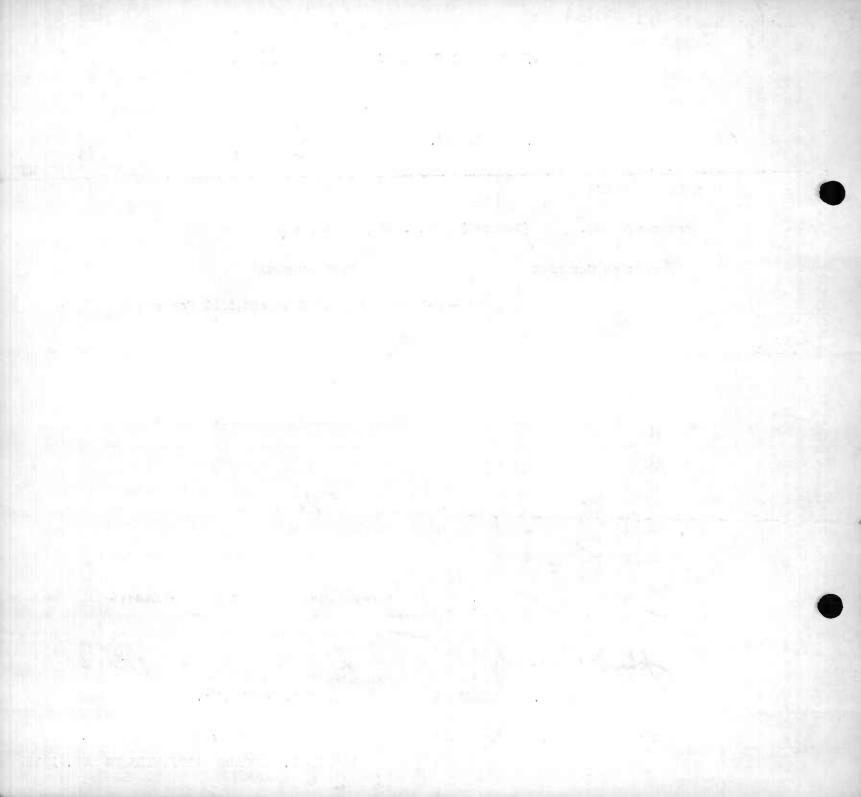
ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

(Stote)

ADDRESS



VS 150-REV. 1/1/65

If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

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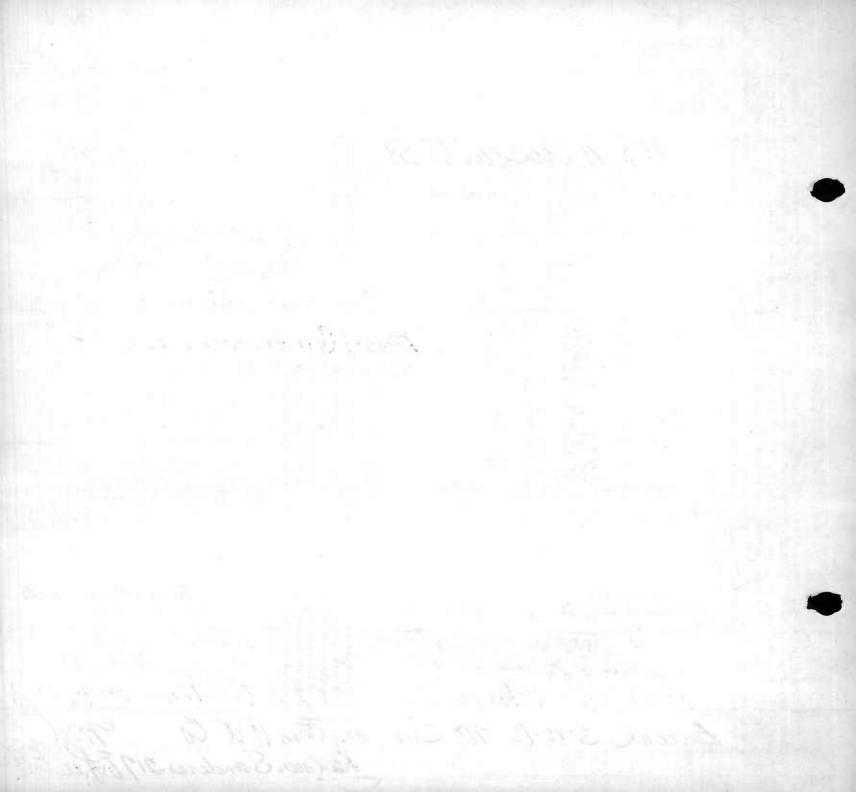


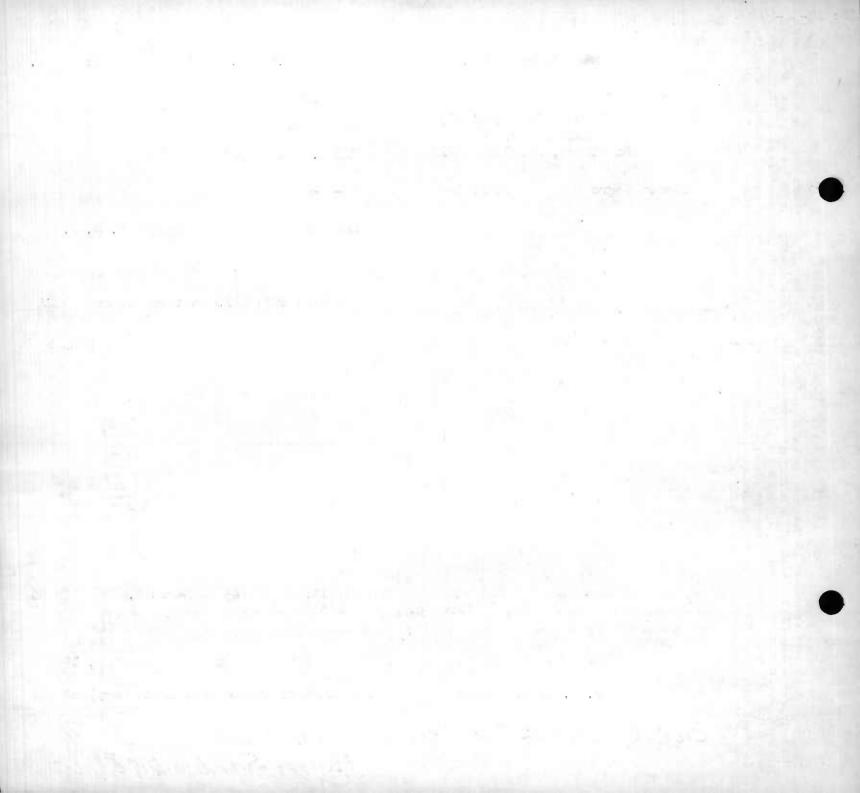
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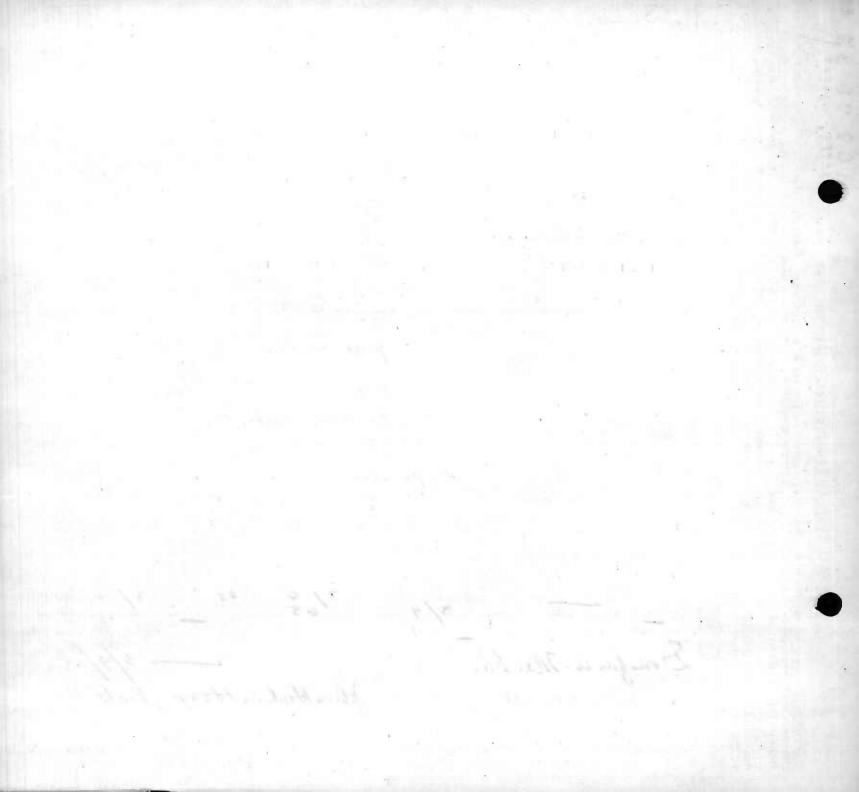
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		- 0101	BALTIMORE CITY	HEALTH DEPARTMENT		CE DOOM
BIRTH N		2667	CERTIFICA	TE OF DEATH	Registered No.	00 200/
	E OF DECEASED	TIA Lee	Wilson	MAY	the Signature of Death	10 Pm
3. PLAC	CE OF DEATH IN BALTIA			4. USUAL RESIDENCE (When	e deceased lived. If institu	tian: residence before admiss
HOSP		in hospital aı institutian, aı lacatian)	give stieet	C. CITY OR TOWN (II out	side city limits, write RURA	L ond give tawnship)
)	2			R'ci I	timore	
1	1908 h	augu	with SX	190		ith st
5. SEX	6. RACE	WIDOWE	, NEVER MARRIED D <sub>E</sub> DIVORCED (specify)		9. AGE (In years If Mo	Under 1 Yı. It Under 24 I
Few	TALE COLON	ecl W	F BUSINESS OR INDUSTRY	Aug 5,1888	16	CITIZEN
dane duri	ing mast of warking life, ever		P BOSINESS OK INDOSIKI	11. BIRTHPLA CE/State or forei	1	CITIZEN OF WHAT COUNTRY?
,	HOUSE WILE			MANY		USA
13. FAT	TERS NAME	A.		14. MOTHER'S MAIDEN NAM	1 -	
10 100	=d WArd	Green	13 ( 0000)	MAYE	aret Gr	een
(Yes, no	Deceased Ever in U. S. ar unknown) (It yes, give	war or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS 1908
-			None	I'ms Gerty	-ude Beek	1 Asquith
18.	19/13 1		CAUSE O	F DEATH		INTERVAL SETWEEN
	DISÉASE OR COND LEADING TO		B.	51/6//A.p	nom a ol	7
	is does not meon the	mode of dying, e.g.,	DUE TO	so/ Cellbre h Metestar	-0	
	oil foiture, osthenia, etc. ury or complication whic		Wi	h Metesta	<b>a</b>	
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-	- 11					
N OTI	HER SIGNIFICANT CONT					
A DIS	SEASE OR CONDITION C	CAUSING IT.		1904 444000	V 008 15 West	
ERTIFIC 19A	DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	1) 208. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
U 21 A	ACCIDENT WAS UND	ERLYING 21F	B. PLACE OF INJURY (e.g., i	n ar obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(It in Boltimare Cit	y, give exact location)
V DEA	CONTRIBUTING CAUS	SE OF han	ne, tarm, factory, street, a	ffice bldg., INJURY OCCUR?		2
O 21 D	TIME (Month) (Do		INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
5 01	PROX.)	WI	nite At Nat Whi			
		Wo		ARCE II.	9 64 10 Mar	ch 8 19 68
12.2.	t (i) (we) lost sow the	nospitor) offended t	Feb 12			deoth occurred on the
					or in (my) (our) opinior	aeoth occurred on the
	SIGNATUR	uses stored obove. (	i) (ne) (aja) (ala not)	iew the body ofter deoth.	1231	B. DATE SIGNED
	150	1/	AT.D. AH	ending Med.	Statt Phys.	3/11/65
23C	PHISICIAN'S	Jun		s. Director 23D. ADDRESS	Phys.	1.100
	NAME (Type)	2 1762	KI'S GLAMB	120211	Taxaline	54 B. 14
24A. BU	IRIAL CREMATION, 124B.	DATE 24C N	AME OF CEMETERY OF CR	MATORY 124D 14	OCATION (Cibe to	awn, ai county) (Sta
DE	MOVAL (Specily)	-11-11 V	m Gal	75 A	1 PA	and
25A. D.	ATE REC'D BY HEALTH D	DEPT. 25B. NAME	OF REGISTRAR	25C FUNERAL DIRECTOR	www.	ADDRESS
JA. UA	MAR 11	1965 1201.6	OF REGISTRAR	1 By Buch -	anderel n	178 F
	MILIT TT	1000 NIPORY		They mer o	maure I	16/1/201





VS 150-REV. 1/1/65



17			-	9	6
SERVICE STREET	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ed	(except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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	od)	) :s	0.0	156	He.
	is c	N.C	was D.O.A. at a hospital	Cec	written approval must be obtained before the remains are embalmed or final disposition is made.
	The	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	× o	P	×

0	BIRTH NO. 65 2670		TE OF DEATH	Registered Na	65 2670					
	M.E. CASE NO.	CERTIFICA								
	1. NAME OF DECEASED (Type or Print)	Pruvur		9, 1965	25 A					
	Type or Print)  ELIZABETH  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	CEVIUN	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before admission)					
			A. STATE B. COUNT	0	K. F					
-	FULL NAME OF (If not in hospital or institut oddress at location)	ion, give street	C. CITY OR TOWN Alfauts	de city limits, write RU	JRAL and give tawnship)					
2	The Johns Hopkins H	acoita(	Hoston	oduny	188 104-20					
7			D. STREET ADDRESS (If rurol, give (Scotion)							
ó	Ballimore, Md. 212	05	- 0							
шаа		NED, NEVER MARRIED	8. DATE OF BIRTH 9.	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.						
is m	Female white 7	parried	1923	42.						
	tOA, USUAL OCCUPATION (Give kind of work 10 B. KINI done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?					
.0	Housework 7	Yome	Misconse	n	U.S.a.					
disposition	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0					
isp	B.H. Mayla	2	Ma. 13	5. Hen	nedy					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give way) dates of services.	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
final	No -	NONE	MICHAEL RE	VYUK KEN	VNEDYWILLE, MD.					
or f	18. / 4 9 9	CAUSE O		,,,	INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY	,								
balmed	LEADING TO DEATH  (This does not mean the made of dying,	(A) Y	ETASTATIC .	CARCINOTTA	4/405					
DO	heart failure, asthenia, etc. II means the dise injury or camplication which caused death.)									
e H	ANTECEDENT CAUSES	(B)	en la		I MITTER TO A					
0	DISEASES OR CONDITIONS, if any, gi	DUE TO								
0	rise to the obove cause (A) stating			one in the second relation and second as second as an executive second as a second as a second as a second as a						
remains	UNDERLYING CONDITION lost,									
E	Z OTHER SIGNIFICANT CONDITIONS CONTRIBI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
9	TO THE DEATH BUT NOT RELATED TO									
before the	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL	NDINGS CONSIDERED					
9	ER		1 1/2							
e e	OR CONTRIBUTING CAUSE OF  DEATH (ngilly medical examiner)	21 B. PLACE OF INJURY (e.g., in hame, form, foctory, street, of	City, give exact lacation)							
	0	etc.)								
btained	OF INJURY (Month) (Day) (Year) (Hour)	While A1 Not While At Work								
9	(APPROX)									
opi	22. I certify that (I) (this hospital) ottend	ed the deceased from	12/17 19	64 10 3	1965.					
pe		that (1) (we) last saw the deceased alive an 3 7 19 5 and that in(my) (aur) apinian death occurred an the date								
	and have and from the causes stated abov	e. (U (We) (did) (did nat) v	iew the bady after death.							
must	23A. SIGNATURE	23A. SIGNATURE								
	Kufort C Kr	Phy	Director P	hy s.	5/9/65					
approval	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 -0 1	/ /					
dd	RICHARD & ARBOGAST	M.D.	JHH	# Spelos						
		C. NAME OF CEMETERY OF CRI	4 .		tawn, or county) (State)					
ten	BURIAL 3/11/65	LOUNT IELD FIT	1121	INEDYVILLE						
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	Lictor M. T	/ /	STILL POND, MD.					
3	MAR 12 1965 (2.02	SiE. FarleyMil	Bictor. N. A	ennedy.	STILL PORU, TID.					

Howard Thought 15 As NONE PROMAGE REVINE ABANCOLOGICA

BURNAL 3/M/45 BLOOMPELD FARM NEWNEDWILLE, NO.

Thethe M. Thursday STAL PORT HE

8 September 1 Sept

_	E CASE NO.						X				
1. (Ty	NAME OF DEC	CEASED				2. DATE AND HOUR PRONOUNCED DEAD					
				ELLA	PFISTER	,,	3-7-6			6:40	Р м.
3.	PLACE IN BALT	IMORE, M	ARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE		eceosed lived. If insti B. COU		ience before o	dmission)
HC	LL NAME OF	(IF NO	T IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	Mary l	and Town (If outside	corporate limits, write	RURAL or	nd give townsh	nip)
,						Pasad	lena		52	-00	
	SOUTH	BALTI	MORE GEI	WERAL H	OSPITAL - DOA	D. STREET A	DDRESS (If rurol, g	give location)			
	A-183 C					Box	113 - Rout	te 5			
5. 5	SEX	6. RACE		7. MARRIED	NEVER MARRIED DIVORCED(specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthday)		1 Yr. If Unde	
	Female	Whi	te	Wide		Aug. 16	1000	55			1
					F BUSINESS OR INDUSTRY	Y 11. BIRTHPLA	CE (State ar foreign	country)	12. CITIZE	N OF	-
don	e during most of	working life,	_			Max	vland			T COUNTRY?	
13.	FATHER'S NAM		16			14. MOTHER'S	MAIDEN NAME			U.S.	-
		Go	ldstraw			unk	nown				
	WAS DECEASE s, no or unknown				16. SO CIAL SECURITY NO.	17. INFORMA	NT		ADDRESS		== 1
	No	, , s , g.		9 01 3011100		James .	Dfistan	- Rt. 5.Box	2112	Panada	no Ma
-	1B.	Fi A	77		CAUSE	OF DEATH	• IIII del	- 100, 7,100.	ورسسم	Pasade	
	= 7	100							3 3	ONSET AND	DEATH
	DISEA	LEADING	NDITION DI	RECTLY	R	arbitura	te intoxi	nation			
	(This does	not meon	the mode of	dying e.g.,	DUE TO	arbicure	ice Incoxit	cacron		• • • • • • • • • • • • • • • • • • • •	
	injury or con	mplication	which coused	de oth.)				*			
		ANTECENDENT CAUSES									
	DISEASES	OR CONE	DITIONS, IF A	NY, GIVING	(B)DUE TO					•••	
		RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
Z					(C)						
은		447	II							L	The same
CERTIFICATION	TO THE	DEATH B	CONDITIONS OF NOT REL	ATED TO				•		•••••	******
ERT			N 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTO		OB. IF YES, WERE FIN			
C	2		WAS PER	ORMED		Y	es "	N CERTIFYING CAUS	ES OF DE	ATH?	
X	21 A. EXTERNA			21 B.	PLACE OF INJURY (e.g.,	in or obout 210		Rt. Boltings City of	e expet lo	cotion)	
MEDICA	UNDERLYING	SE OF DE	ATH.	etc.)		-				4	
Σ	21 D TIME	(Month)	(Doy) (Year	(Hour)	Home 21E. INJURY OCCURRED		HOW DID INJUR	A. A. Co.,	riat y 1	anu	
	OF INJURY			5:30					hambi	tumoto	
		3	/ ""0.	PM m.	WORK AT W	WHILE X	ingested o	verdose of	Darbi	Lurace	
	22. 1 ceri	tify that I	held on I	nquiry 🗌	Inspection Au	topsy X	ond that an this	basis, death in m	y apinlar	1	
	resul	ted from:	Natural con	ses	Accident Suicid	e K Hon	nicide Ur	ndetermined monne	r 🗆		
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	ACTUAL		0	KI	11 0		MEDICAL EXA			DATE SIG	SNED
	SIGNAT				M.D	*		Accessed .		1	1
	EXAMIN		PETER W	RIECK	ERT, M.D.	ASSOCIATI	E MEDICAL EXA	AMINEK [**		3-8-6	55
	BURIAL CRE	MATION,	23B. DATE		C. NAME of CEMETERY	CREMATORY	23D. LO	CATION (City,	town, or c		(Stote)
RE/	MOVAL (Specify										
24	Burial	BY DEALS	3-11-1		Holy Cross Ce	emetery	Rito	chie Hgwy.,	A.A.	O. Mar	cyland
241	A. DATE REC'D	MAND T	9 100K	ZAB. NAME	OF REGISTRAR LANGE MA	24C. FUI	NERAL DIRECTOR		A	DDKE22	
		MARI	r # 1203	1600	O C. Coma,	Geor	ge J. Gond	e 4001 Ri	tchie	Hgwv.	
VS	151-REV. 1/1/	65 A	671	1 1		1	6 . 6	Baltimo			
		- / /	1 1 1	a facility					,		

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FUNERAL DIRECTOR:

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BALLIMORE INC

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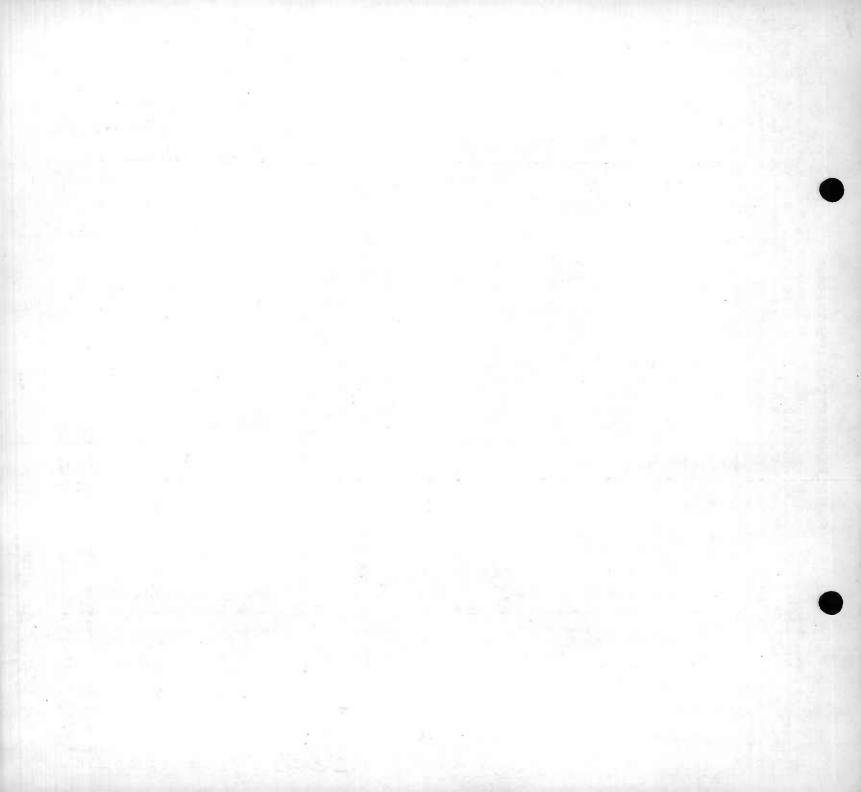
SAMLEL MUHER

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					HEALTH DEPARTMEN		CE CO
	H NO.	65 2673		CERTIFICA	TE OF DEATH	H Registered N	65 2673
1. N	AME OF DEC	0. 4 0				3/8/65	
3. P	LACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE	Where deceased lived, I	f institution: residence before adm
H	ULL NAME		or institution)	n, give street	Vermont	OUNTY  If autside city limits, wri	te RURAL and give township)
2 "	NOITUTITZ				Barton		
	Harfo	rd Gardens Nu	reing	Home	D. STREET ADDRESS	(If rural, give location)	
					?		
s. si	male	6. RACE White	7. MARRIE	ED, NEVER MARRIED VED, DIVORCED (specify)	8. DATE OF BIRTH 9/7/76	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 2 Manths Doys Hours
done		working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Vermont		12. CITIZEN OF WHAT COUNTRY?
	ATHER'S NA				14. MOTHER'S MAIDEN		
		?				?	
15. V	Nas Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes,	No or unknow	d Ever in U. S. Armed For	s of service		Elizebeth G.	Newburg 790	8 Oakliegh Rd.
	1B. if	dd:/		CAUSE O	F DEATH		INTERVAL BETWEE
	DISEA	SE OR CONDITION DI	RECTLY	1	H I K	n, 1	D ONSET AND DEA
		LEADING TO DEATH		(A) Ar	Tensosclerotra C	ardie vasovla	resident
	(This daes	nat mean the made of , asthenia, etc. It means	dying, e.				
		mplication which caused		,			
		ANTECEDENT CAUSES		(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0 0 0 0 0 0 to	
	DISEASES	OR CONDITIONS, if	any, givin				
	rise to th	G CONDITION last.				557457577776664444444444444444444444444	**************************************
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ATION	TO THE	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ATED TO	THE COMPANOL	Thromboris		
CA		F OPERATION 198. CON	DITION FO			or No. 20B, IF YES. WE	RE FINDINGS CONSIDERED
RTIFIC	0	WAS PER	FORMED			IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
3	21 A. ACCIDE	NT WAS UNDERLYING	] ]2	1B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DI	D (If in Bo)tir	nare City, give exact location)
AL	OR CONTRIB	UTING CAUSE OF y medical examiner)		some, form, factory, street, of tc.)	ffice bldg., INJURY OCCUI	R?	
9	21 D. TIME	(Month) (Day) (Year)	(Hous) 2	1E. INJURY OCCURRED	2)F HOW DID	INJURY OCCUR?	
N N	OF INJURY			While At Not While At Work		INJURT OCCUR:	
	(APPROX.)			Work At Work			
	22. I certify	that (1) (this hospital	) attended	the deceased from	1964	19ta	March 19
	that (I) (in	) last saw the decease	d alive or	Mart	19 65 an		apinian deoth occurred an t
	and hour on	d from the causes sta	ted ahave.	(1) (We) (did) (dtd not) v			
I	23A. SIGNAT			(1.7 (() (ulu) (ulu-ubi) V	The body offer ded	******	23B, DATE SIGNED
		La MI		M.D. Atte	ending Med.	Stoff	Magel 11
-	23C. PHYSICI	ANS ///	jum	Phy	s. Director L	Phys.	1 10 11 /
	NAME (	Type / Loy M.	Zim	nirman M.D.	3202 Ha	enford Rd	Baltimore
24A.	BURIAL CRI	MATION, ME. DATE	24C.	NAME of CEMETERY of CRE	EMATORY 24	D. LOCATION	(City, town, or county) (
_	Burial	3/11/65	34	oreland Nom D	a mle	Baltimore,	164
		BY HEALTH DEPT.	2SB. NAM	oreland Mem. Pa	2SC FUNERAL DIREC	TOR .	ADDRESS
	3	MAR 12 1965	12. O.	or E. Stanfer M.	Paul Ed	harowell?	To 17 chentres
/s °	50-REV. 1/1/	117 TH 1000	AIN	10.5	0 2 6	43	20110000
13 1	JU-RE V. 1/1/	65					

FUNERAL DIRECTOR:

		COM CONTRA				111-		
		65 2674	CERTIFICA	ATE OF DEATH	Registered No.	65 2674		
1. N	E CASE NO.	EASED	7 11	2. DATE AN	D'HOUR OF DEATH	, (		
(Тур	pe or Print)	Drown.	Ira Hamilton	Marc	h 7.196	5 1 8 P		
3. P	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admis		
		er de . t t t. t.		7311 3311	1. 1	12 of		
-	FULL NAME O	oddress or locotion	or institution, give street	C. CITY OR TOWN / II out	side city limits, write RI	JRAL ond give township)		
1	NSTITUTION	1		Battimore	- >	atonsville		
0	11121	nklin Squa	IR HOSP.		rural, give location)	(C) (V) 3 V   11   -(-)		
		l	1	106 M	ellor Av	رو ا		
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24		
	MI	W	WIDOWED, DIVORCED (specify)	6/17/1888	lost birthdoy)	Months Doys Hours Mi		
			108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF		
done	e during most of	working life, even if retired)		1/1.00/200	5	WHAT COUNTRY?		
13.	FATHER'S NAM	ME		14. MOTHER'S MAIDEN NAM	A.F.	U.S. A		
	7	0		0.1				
16	1	mes Bron		Hlice	Croswell			
(Yes	was Deceased s, no or unknown	Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT	Sa	7114 65 Challe		
				Lyda Brow		P RI 7-96:		
	18. 1 7	7 X I	CAUSE	OF DEATH	1110	INTERVAL BETWEEN		
	DISEAS	SE OR CONDITION DI		. /		ONSEL AND DEATH		
	LEADING TO DEATH (A) prostatic cancer =							
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., hearf failure, asthenia, etc. If means the disease,							
	injury ar cam	nplication which caused	death.)	not a // me				
		ANTECEDENT CAUSES	(B) DUE TO	D1144men: a	*****************************			
		OR CONDITIONS, if		pyelonephotis	y.*			
		e above couse (A)	sloling the (C)	14816718 F113:11				
	O I D O WE I III I	G CONDITION last.						
	ONDERENING		**					
NO	OTHER SIGNI	II	CONTRIBUTING					
ATION	OTHER SIGNI TO THE D DISEASE OR	IFICANT CONDITIONS CEATH BUT NOT RELACED TO CONDITION CAUSING	ATED TO THE					
IFICATION	OTHER SIGNI TO THE D DISEASE OR	IFICANT CONDITIONS CEATH BUT NOT RELACED TO CONDITION CAUSING	ATED TO THE IT.	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED		
ERTIFIC	OTHER SIGNI TO THE D DISEASE OR	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING O OPERATION 198. CON WAS PER	ATED TO THE IT.  HOLITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No				
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CAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE! OR CONTRIBL DEATH (notily)	IFICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CONWAS PER	ATED TO THE  IT.  IDITION FOR WHICH OPERATION  FORMED    218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID				
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WEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (nofily 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T. BURIAL CREREMOVAL (C. BURIAL CREREMOVAL)	II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION 198. CON WAS PER NT WAS UNDERLYING CAUSE OF medical exominer)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease of from the causes standard present the causes of the cause of the ca	ATED TO THE INTERPRETATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Whyork  1) attended the deceased from the data above. (1) (We) (did) (did nat)  A.D. A.P.  24C. NAME of CEMETERY of C.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJuite Did on the state of	(If in Boltimore  URY OCCUR?  19 15 ta Mais.  at in (my) (aur) apin  Stoff Phys.	City, give exact location)  19 6  Ian death accurred an the  23B. DATE SIGNED  Million J. 13  Phosp  Town, or county)  (State		
MEDICAL CERTIFIC	OTHER SIGNITO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION 198. CON WAS PER NT WAS UNDERLYING CAUSE OF medical exominer)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease of from the causes standard present the causes of the cause of the ca	ATED TO THE IT.  HOITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Whyork At Work  1) attended the deceased from ted above. (1) (We) (did) (did nat)  A.D. A.P.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  And the property of the property of the property occurs occurs of the property occurs occurs on the property occurs occurs of the property occurs occurs on the property occurs occurs occurs on the property occurs occurs occurs on the property occurs occurs occurs on the property occurs occurs on the property occurs occurs on the property occurs	(If in Boltimore  URY OCCUR?  19 15 ta Mais.  at in (my) (aur) apin  Stoff Phys.	City, give exact location)  19 (1)  Ian death accurred an the  238. DATE SIGNED  Mistick 7 . 13		



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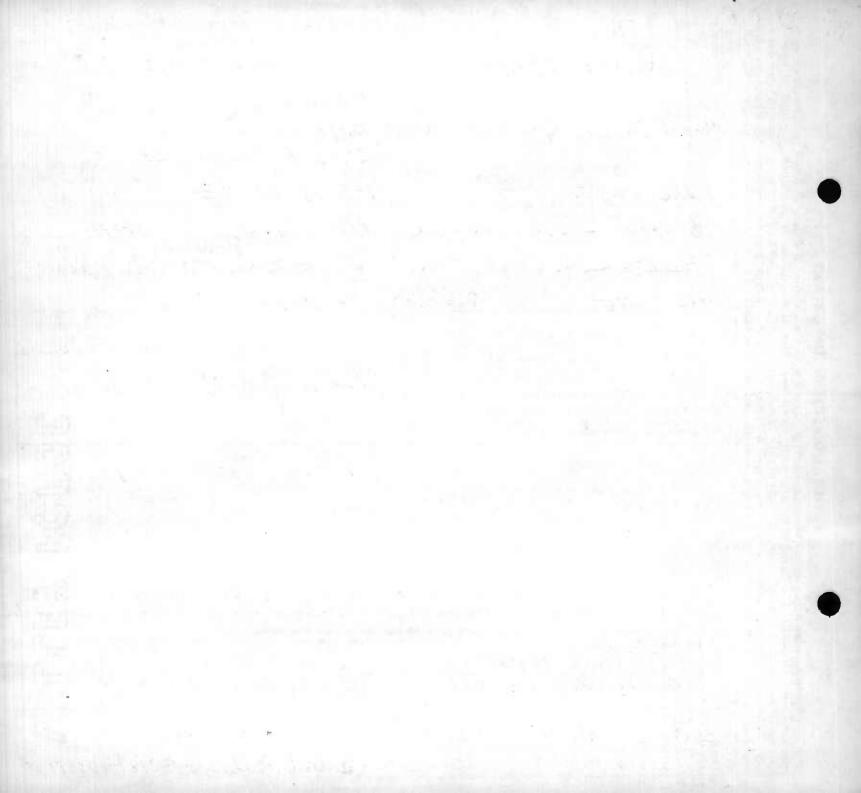
VS 150-REV. 1/1/65

Registered No. . BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Kistler March 9, 1965 Annie 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A, STATE

B. COUNTY Maryland Baltimore (If not in haspital or institution, give street FULL NAME OF C. CITY OR TOWN (If outside city limits, write RURAL ond 21224 If Under 1 Yr. Manths: Doys If Under 24 Hrs. Hours 12. CITIZEN OF U. S. A. ADDRESS RECORDS: BCH: 4940 Eastern Avenue #24 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONTROL IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED (If in Boltimore City, give exact location) March 9. 19.65 ond that in(my) (our) opinian death occurred on the date 238. DATE SIGNED March 9, 1965 4940 Eastern Avenue Baltimore, Maryland #24 (City, town, or county) REMOVAL (Specify) Tres. husch Cem. 25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65



FUNERAL DIRECTOR:

	64.	-02506		BALTIMORE CITY	HEALTH DEF	PARTMENT		65	()()()	
	TH NO.	55 2677		CERTIFICA	TE OF I	DEATH	Registered N	6.5	601	3
1.1	E CASE NO.	EASED	201.			2. DATE ANI	D HOUR OF DEA	TH		
(Ту	pe ar Print)	Keum	Harke			Mar	ch 6, 19	65	9:30	а.м.
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RE	B. COUNT	deceased lived.	tf institution: resi	dence before	admission)
	FULL NAME O	F (If not in hospital	or institution of	un strant	Mary:			1110	-	
	HOSPITAL OR	Provident H	1)		C. CITY OR	TOWN (If outs	ide city limits, wr	ite RURAL ond	jive township)	
13	1143111011011	1514 Divisi	-		Balti	imore				
/		Baltimore,			D. STREET A		ural, give lacation)			
		baltimore,	Maryian	Id	1302	Divisio	n Street			
5. 5	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF B		ost birthday)	If Under 1	Yr. If Unde	er 24 Hrs.
	Male	Negro	Singl		1-25		1			
		JPATION (Give kind of work working lile, even if retired)			11. BIRTHPLA	CE (State or foreig	in country)	12. CITIZEI	OF COUNTRY?	
gon	non				Mary	land		USA		
13.	FATHER'S NAM		1		14. MOTHER	MAIDEN NAM	1E			
					Glor	ia Blake				
15.	Was Deceased	Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMAL				DDRESS	-
(Ye	s, no or unknown	(If yes, give war ar date	s of service)	SECURITY NO.						
L	no			none		Allbrod	ok 4222			
	18. 4	$//\times 1$		CAUSE O	F DEATH				TERVAL BETW	
	1	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	12	. 0.			- 7		
	1	al mean the made of	dvina. e.a	(A) O	Pronchogneumoma					
	hearl failure,	asthenia, etc. It means	the disease,			)				
		ANTECEDENT CAUSES								
			,							
		OR CONDITIONS, if above cause (A)								
		CONDITION lost.		, = ,					) O su O do dó su su de dó su sum su su su O su Aprija O	
_		11		NEW PROPERTY.			-			
ATION	TO THE D	FICANT CONDITIONS C	ONTRIBUTING					7		
A	DISEASE OR	CONDITION CAUSING I	Τ.		120 4 4 1470	nava (V N-V	200 15 456 146		O NICID COLD	
ERTIFIC	19A. DATE OF	WAS PERI		HICH OPERATION	20A. AUTO	PST? (les ar Na)	IN CERTIFYING	CAUSES OF DE	ATH?	
S. C.	21 A. ACCIDEN	NT WAS UNDERLYING	1 21 B. I	PLACE OF INJURY (e.g., i	n or obout 21 C.		(If in Boltin	more City, give o	exact location)	
AL	OR CONTRIBU	medical examiner	hame etc.)	e, larm, factory, street, o	ffice bldg., INJL	JRY OCCUR?				
U				INCLUSIVE OF STREET	015					
MEDI	OF INJURY	(Month) (Doy) (Year)		e At Nat While		HOW DID INJU	JRY OCCUR?			
-	(APPROX)		Work	At Work						-
	22. I certify	that (1) (this hospital	) attended the	e deceased from M	arch 4,	1	9 64 to	March 6,	19	, 65
١.		last saw the decease		March 6,	19.65	ond the	t in (my) (our)	opinian deoth	accurred or	the dote
	ond hour one	from the causes stat	ed obove. (I)	(We) (did) (did nat)	view the body	ofter deoth.				
	23A. SIGNATU	RE					77	23 B. DATE	SIGNED	
	R	osariaBello		M.D. Atte	ending		Stoff Phy s.	Marc	h 6, 1	965
	23C. PHYSICIA	N°S	0-		23D. ADDRESS		, 3			, ,
	NAME (T	ype)	Estall.	M.D.	1514	Division	Street		6.	*
244	A BURIAL CRE	MATION, 248. DATE	24C. N.A.	ME of CEMETERY of CR			CATION	(City, town, or o	county)	(Stote)
	REMOVAL (S	Specify)	065						20011171	(0.010)
	Burial	3/13/1	905 Mt.	Auburn Ce		0	Lto.	Md.	ADDATE	
254	A. DATE REC'D	AND 19 1065	25B. NAME OI	F REGISTRAR	21/1///	TAL DIRECTOR	11/1/2011/	2 2 00	ADDJESS	14 11
	150-REV. 1/1/6	MAN 14 1303	Molery	E. Jewiss	Wille	ans full	WALL JUIN	13/4/11	semila	ny
	130 - KEV. 1/1/6	3.3	3	7	-					



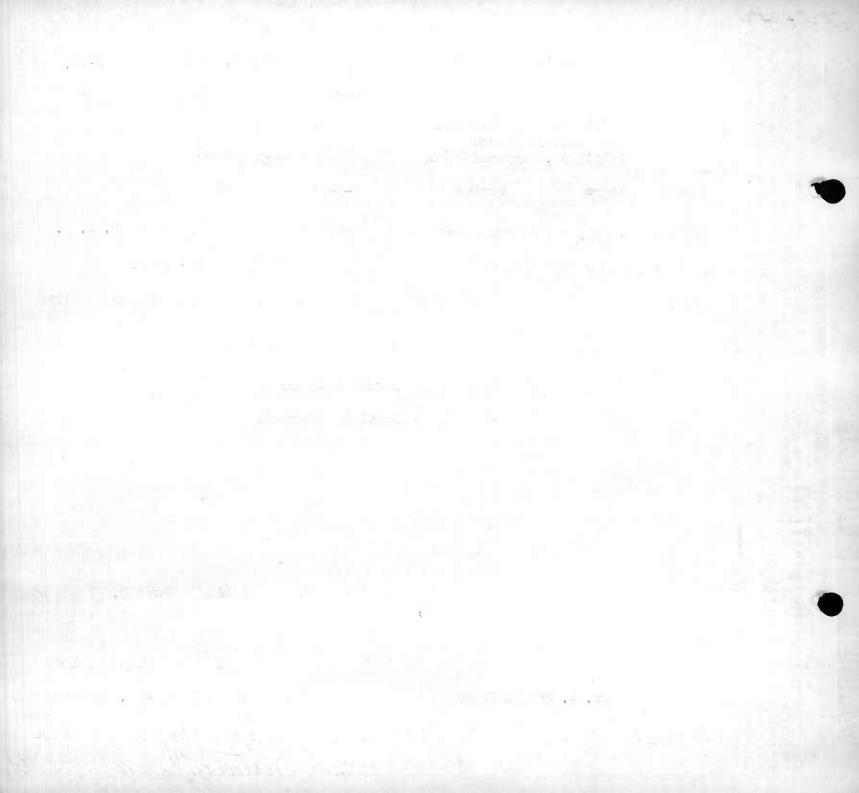
BALTIMORE CITY HEALTH DEPARTMENT

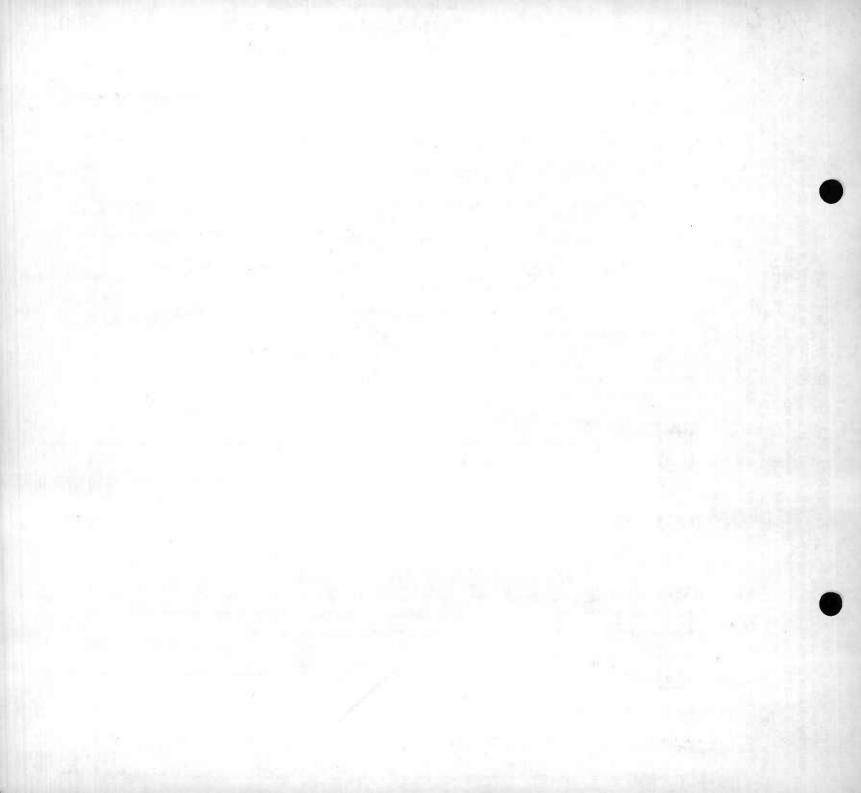
" Alexa Latte Bules mediate the said of the BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

VS 150-REV. 1/1/65

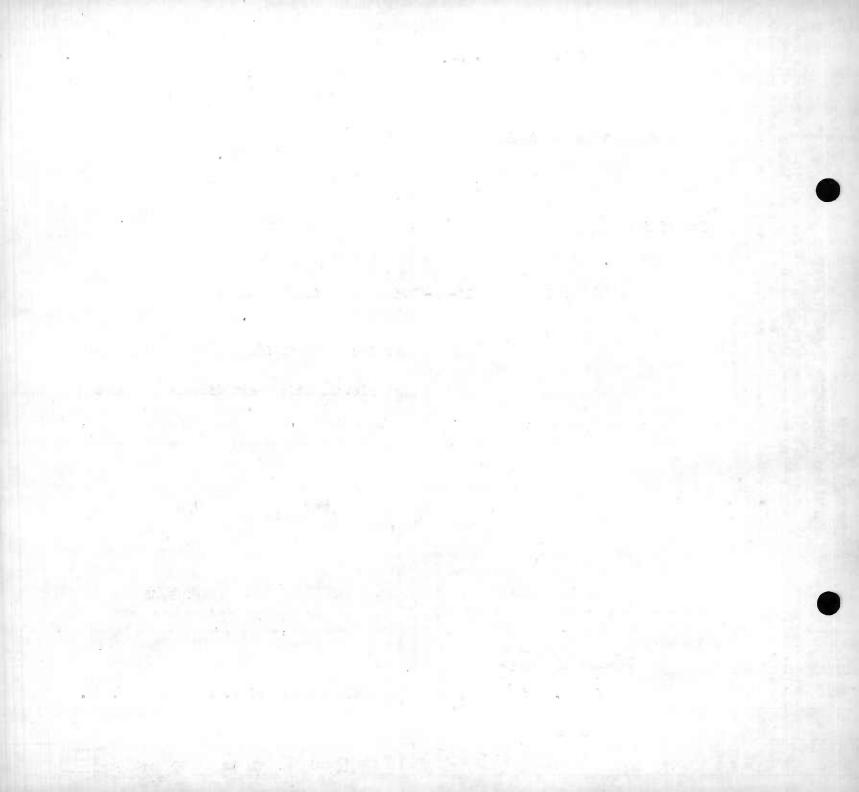
Registered No.





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) -	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
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FUNERAL DIRECTOR: IMPORTANT	dssi	ny k	p pe	danc	or fir
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	ficat	An	A. at	prio	ppro
	Serti	S: (1)	D.O.	ased	en a
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	how	Nas	Jece	written approval must be obtained before the remains are embalmed or final disposition is made.
		- 97		9	

RTH NO.					65 2681
	65 200	CERTIFICA	ATE OF DEATH	Registered No.	
NAME OF O	CEASEO		2, DATE AN	NO HOUR OF CEATH	1
Type or Print)	Ogier, (	George B. Jr.	3/9	/65	8:00 P.
. PLACE OF C	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before odmis
FULL NAME	OF (If not in hospital	or institution, give street	Maryland	Baltimore	Bulle
HOSPITAL OF			C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
25 1 2	22 01 1 77		Baltimore		53-00
Montede	llo State Hos	pital		rurol, give location)	
			7409 Kenlea		
Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) MATTIO	3/31/97	9. AGE (In yeors lost birthday)	Months Doys Hours N
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of fore	ign country)	12. CITIZEN OF
Electric		Armco Steel Co.	Marylan	d	USA COUNTRY?
3. FATHER'S N.			14. MOTHER'S MAIDEN NA	ME	
Geo	rge B. Ogier		Sarah Ella Je	well	
5. Was Deceas	ed Ever in U. S. Armed For	rces? 1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	wn) (II yes, give wor or dole World War L	212-05-7738		cords	
18.4.	0,01	CAUSE	OF DEATH		INTERVAL BETWEEN
	ASE OR CONDITION DIE				
/This dans	LEADING TO DEATH	(A) Car	diac Arrhythmia		Unknown
	e, asthenia, etc. 11 means				
injury ar c	amplication which caused	death.)			
injury ar c		death.)	eriosclerotic He	art disease	Unknown
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	death.)  (B) Art to OUE TO any, giving			
DISEASES ise to	amplication which caused ANTECEDENT CAUSES	death.)  (B) Art to OUE TO any, giving	eriosclerotic He		
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DISEASES rise la UNDERLYII  OTHER SIG TO THE OISEASE O  19A. DATE (  19A. ACCID  OR CONTRI  DEATH (not  21O. TIME OF INJURY (APPROX.)  22. I certif that (I) (w. ond hour o  23A. SIGNA  23C. PHYSIC NAME  4A. BURIAL CI  REMOVAL  BURIAL  BURIAL	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS CONDEATH BUT NOT RELATED BUT NOT RELATED BY THE CONDITION CAUSING IN CONDITION CAUSING IN CONDITION CAUSING IN CONDITION CAUSE OF if y medical examinet (Month) (Day) (Year)  Ty that (I) (this hospital examinet by the course stated from the cour	any, giving slating the (C)	in or obout EVC. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJuly OCCUR?  21F. HOW DID INJuly Occur.  21F. HOW DID INJuly Occur.  21F. HOW DID INJuly Occur.  Med. Oirector Director Dr.  23D. ADDRESS  2201 Argonne Dr.  REMATORY 24D. L.	20B. IF YES, WERE IN CERTIFYING C.  (It in Boltimo  (URY OCCUR?  19 to 3/9  not in(my) (aur) op  Stolf Phys. A  ive, Baltim  OCATION (C.	in Findings Considered auses of Death?  The City, give exact locotion)  2.65 19  2.38. Date signed 3/9/65  2.39/65  2.39/65  2.39/65  2.30 Md.  City, town, or county) (Start)
DISEASES rise la UNDERLYII  OTHER SIG TO THE OISEASE O  19A. DATE (  19A. ACCID  OR CONTRI  DEATH (not  21O. TIME OF INJURY (APPROX.)  22. I certif that (I) (w. ond hour o  23A. SIGNA  23C. PHYSIC NAME  4A. BURIAL CI  REMOVAL  BURIAL  BURIAL	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS CO DEATH BUT NOT RELA TO CONDITION CAUSING I OF OPERATION 198. CON WAS PERI DENT WAS UNDERLYING BUTING CAUSE OF ify medical examinet  (Month) (Day) (Year)  Ty that (I) (this hospital e) lost saw the decease and from the causes state TURE  TURE  TURE  TURE  TORRES  CAUSE  C	any, giving slating the (C)	in or obout NC. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJuly OCCUR?  21F. HOW DID INJuly Occur.	208. IF YES, WERE IN CERTIFYING C.  (It in Boltimo  URY OCCUR?  19 to 3/9  not in(my) (aur) op  Stolf Phys. A  ive, Baltin  OCATION (C.	ire City, give exact locotion)  238. DATE SIGNED  3/9/65  BOTE 18, Md.  City, town, or county)  (Ste



			BALTIMORE CITY	HEALTH DEPARTMENT		A
BIRTH NO. M.E. CASE NO.	65 268	32	CERTIFICA	TE OF DEATH		65 2682
1. NAME OF DEC		EUCENE M			HOUR OF DEATH	
2 BLACE OF DE	ATH IN BALTIMORE M		•	March .	10, 1965	itution: lesidence befole odmission
3. PLACE OF DE	ATH IN BALIMORE M	ARICAND		A. STATE B. COUNT	Y deceased lived. It inst	itution: lesidence befole odmission
FULL NAME ( HOSP)TAL OR JNSTITUTION	OF (If not in hospite oddiess at locati	l or institution, on)	give sheet	Maryland c. city or town (if outs	side city limits, write RU	JRAL ond give township)
	St. Jose	nhie Hos	nital	Baltimore		
1	00.0036	pi1.2 1102	broar		urol, give location)	
				1114 N. Lakew	ood Ave. Zo	ne #13
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hr.
Male	White	Marri		Jan.18, 1894	71 vrs	Williams Doy's Frodis Williams
IOA, USUAL OCC				11. BIRTHPLACE (State or foreign		12, CITIZEN OF
done during most of	working tife, even if retired	Muores	ate drug lirm			WHAT COUNTRY?
3. FATHER'S NA		8		Baltimore, Md.	4.5	U.S.A.
Eugene	M. Ellis			Mary Ellen Kene	ealy	
S. Was Deceased	d Ever in U. S. Armed F	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	,,,,,		212-07-6665	Mana mat M Way	7107	GreenwoodtAve.
18. 44. T	11 7 1		CAUSE 0	E DEATH	Dalecky ,,	INTERVAL BETWEEN
DISEA	SE OR CONDITION D	IBECT! V				ONSET AND DEATH
DISEA	LEADING TO DEATI			Thronia Haart Car	Tarana wai bib	
	nol mean the mode			hronic Heart far oulmonary Edema.	llure With	
	, osthenia, etc. It meor mplication which couse		ŀ	dimonary Edema.		
	ANTECEDENT CAUSE		(B)	<b>3.</b> •		
			DUE TO		3 4 4 5 5 5 5 6 6 5 6 6 6 6 6 6 6 6 6 6 6	© 100 m
	OR CONDITIONS, if ne above cause (A		(C)			
	G CONDITION lost.	, olding in	10/	\$		
OTHER SIGN TO THE DISEASE OR	IIF)CANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO TH				
	F OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominet	218 hom etc.	ne, form, foctory, street, of	fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	(Month) (Dov) (Yea	Hour 21F	IN HIRY OCCUPRED	21E HOW DID INII	IRY OCCUP?	

OF INJURY (APPROX.)

While At Work Not While At Work

22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive

March

.19..... and that in (my) (our) apinian death occurred on the date

ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A, SIGNATURE

23B, DATE SIGNED Med. Director Stoff

Attending Phys. M.D. 23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

March 10

Melencio Ventura

St. Joseph's Hospital 24D. LOCATION

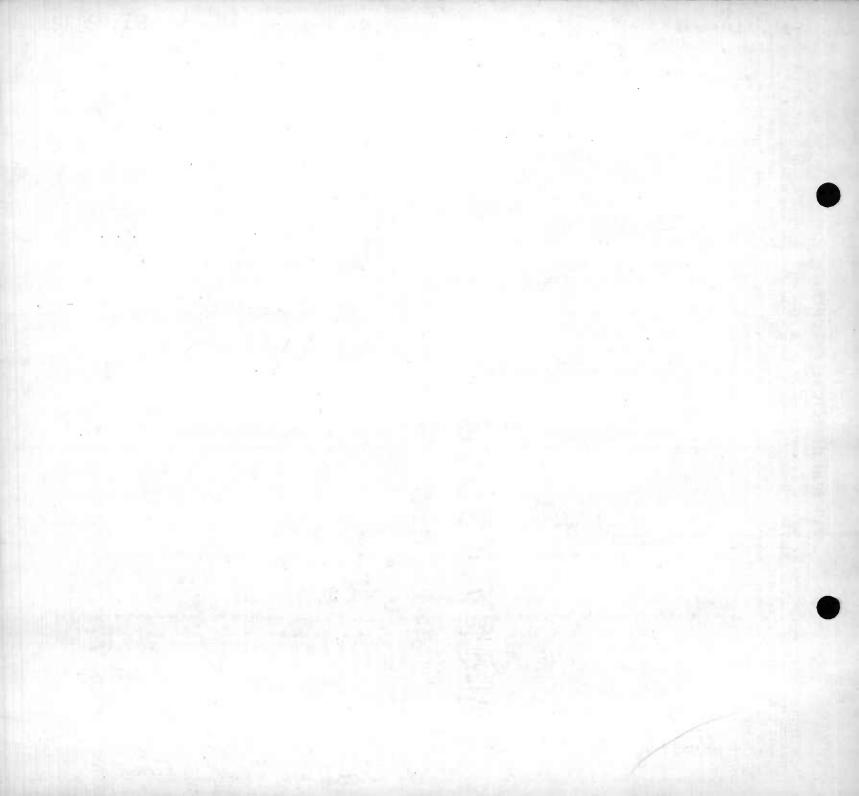
(Stote)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 3 LTH DEPT.

24C. NAME of CEMETERY of CREMATORY

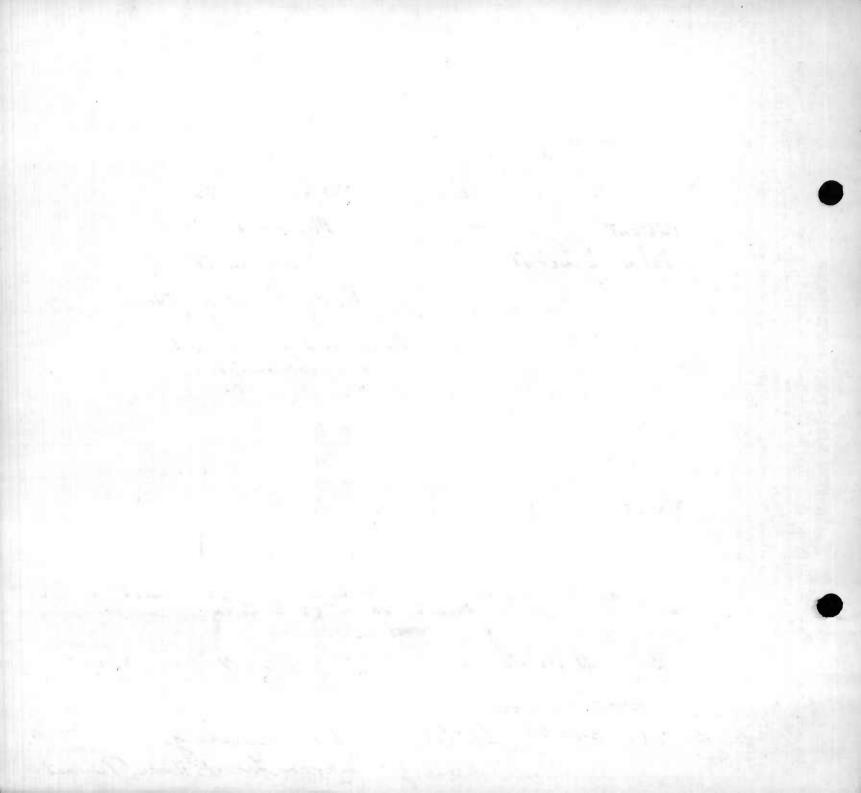
DIRECTOR

VS 150-REV. 1/1/65



CE 0000	BALTIMORE CITY	HEALTH DEPARTMENT		65	2000
ыкти но. 65 2683	CERTIFICA	TE OF DEATH	Registered Na	00	2000
M.E. CASE NO.  1. NAME OF DECEASED.	7)	2. DATE AN	ID HOUR OF DEATH		
(Type or Print) MARY LENA	Brown	4. USUAL RESIDENCE (Wh.	110/65		7:50 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residen	ce before admission
FULL NAME OF (If not in hospital or institution	on, give street	11/AR. 61 6 ANG	1	/	Lalla
HOSPITAL OR oddress or locotion) NSTITUTION		C. CITY OR TOWN (IF ou	tside city limits, write R	URAL ond give	township)
University 14	ospilal	D. STREET ADDRESS (III	TON STATE	H05 p	1447281
		D. STREET ADDRESS	Total, give socolion	1	
SEX 6. RACE 7. MARRI	WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Tr. Months Doys	Hours Min.
USUAL OCCUPATION (Give kind of work 10 B, KIND	Widow	13 RICTHPI NCE (State or fore	76	12 CITIZEN C	) F
ne during most of working life, even if retired)	of bosiness or incosini		1	12. CITIZEN C	OUNTRY?
FATHERS NAME		MAKYLA.		u	SH
John VINCENT		1			
			Smoot		
5. Was Deceosed Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	17. INFORMANT			RESS
		Kuby D.	ARSEY N	lew bux	9, 146
18. 16 1 X I	CAUSE OF	F DEATH		INTER	YAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(C)		ST.		
(This does not mean the mode of dying, e.	.g., DUE TO	E CAREINON	- myen		
hearl failure, osthenio, etc. It means the diseo- injury or complication which caused death.)	se,	E CAREINION	14/0313.		
ANTECEDENT CAUSES	(8) DUE TO		***************************************	**************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any, givi					
rise to the above couse (A) stoling to UNDERLYING CONDITION last.	he (C)		***************************************		**********************
THE CONDITION ISS.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ING THE				
		TOO A ALLEGACITY (Too or NI	N OOR IF THE IMPRESE	NDINGS CON	CID COED
WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPST? (Tes or No	IN CERTIFYING CAU	SES OF DEAT	H?
U 21A. ACCIDENT WAS UNDERLTING	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of	of obout 21 C. WHERE DID	(If in Boltimore	City, give exo	ct location)
S DEATH (notify medical examiner)	home, form, lociory, street, of	five bldg., INJURY OCCUR?			
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURT OCCURRED	21F. HOW DID INJ	URT OCCUR?		
▼ OF INJURT	While At Not While	e 🗂			
	Work At Work	-motors /	19 65 to 111	aret. 1	2 (5
22. I certify that (4) (this haspital) attended	43/1				9 19 6 2
that (f) (we) last saw the deceased alive a		mining mining * * minor on the major and the state of the	nat in (mg) (aur) apin	ian death oc	curred on the d
and haur and from the causes stated above	. 斯) (We) (did) (数域 noF) v	iew the bady after death.		DATE SIC	NED/
23A. SIGNATURE // /// (3/	M.D. Atte	ending Med.	Stoff 🖂	238. DATE SIG	li -
23C PHISICIANS	Phy:	s. Director	Stoff Phys.	3/10	16.3
23C. PHTSICIAN'S NAME (Type)		23D- ADDRESS			
Bruce H. MacPherson	M.D.				
24A. BURIAL CREMATION, 24B. DATE	NAME OF CEMETERT OF CRE	MATORY 24D. L	OCATION (City	, town, or cou	nty) (Stote)
Burial 3-12-65	Shilah Me	thadist 12	emburg		1118.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	20C. FUNERAL DIRECTO	R	A	DDRESS
MACO TEL ADOLLA	a 0 - 7 - 0		1 -11.1		b
Burial 3-13-65	Shilah Mi	thadist 12	emburg	A	DDRESS

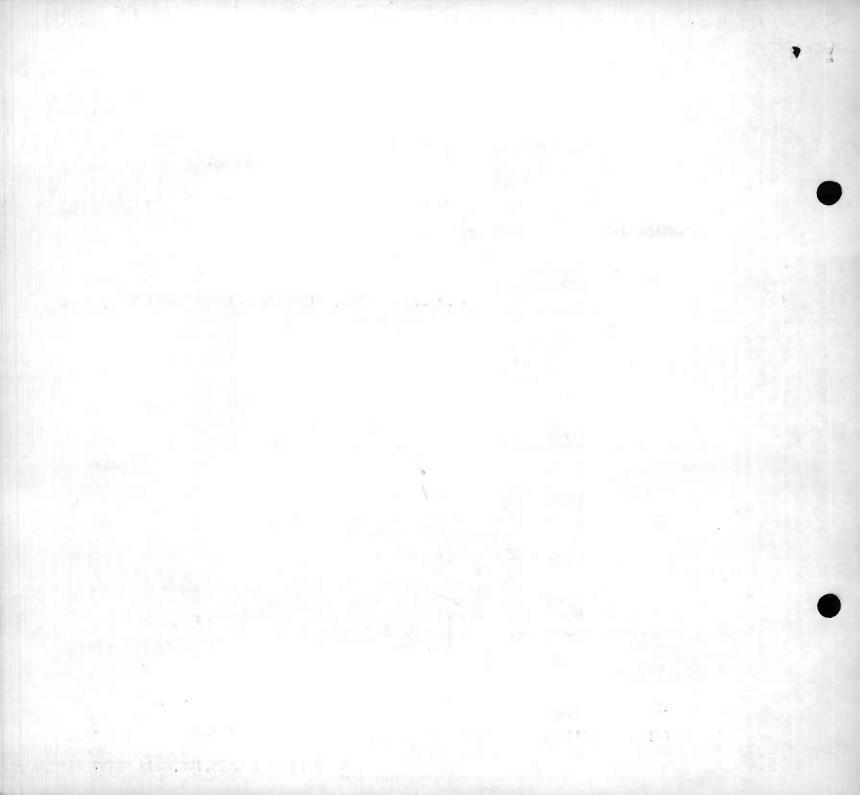
FUNERAL DIRECTOR: IMPORTANT



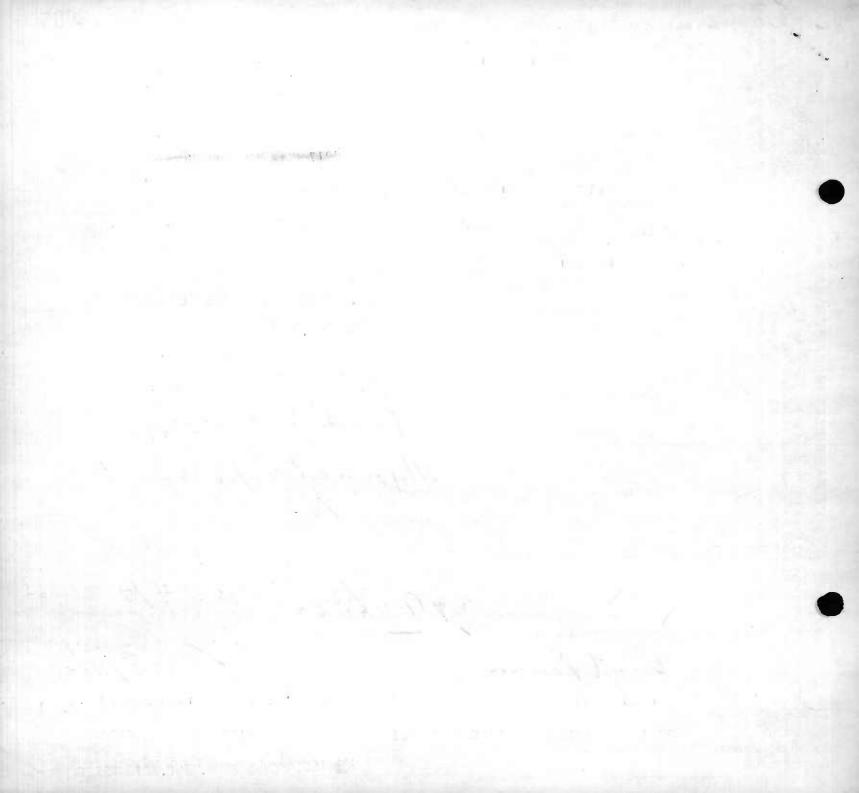
	BALTIMORE CITY	Y HEALTH DEPARTMENT		65 2684
BIRTH NO. 65 2684	CERTIFICA	TE OF DEATH	Registered No.	00 2004
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
Type as Print)	-60			15:00 P
HILDA SCHLEIF		4. USUAL RESIDENCE (When	e deceased lived. If ins	litution: residence before admi
		A. STATE B. COUN	TY	1-50
FULL NAME OF (If not in hospital ar instituti	an, give street	md. Ba	HIMATE	JRAL ond give tawnship)
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RI	JRAL ond give tawnship)
7		Baltimore D. STREET ADDRESS (III	, Md	
UNIVERSITY HOS	PITAL	2600 el	SINORE	Ave
ONIVERSITY HOS S. SEX G. RACE WHITE TEMALE WHITE	IED, NEVER MARRIED	18. DATE OF BIKIN	9. AGE (ill yours	If Under 1 Yr. If Under 2 Months Doys Haurs
Franks W/6:To WIDO	WED, DIVORCED (specify)		lost birthday)	Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	WIDOWED OF INDUSTRI	11. BIRTHPLACE (Stote or fore	an country)	12. CITIZEN OF
		TI, BIKITI EACE (Sinie of total	gii cooniiy/	WHAT COUNTRY?
HOUSEWIFE	HOME T KREM	Mahukand		USA
3. FATHERS NAME	PAZAZAM	14. MOTHER'S MAIDEN NAM	ME	E THE STATE
5.1.		0.(		
Soloman Patz 5. Wos Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	Celia Pu	mplan	ADDRESS
Yes, no ar unknown) (If yes, give wor or dotes of services.	SECURITY NO.			
NO	215-18-3488	MRS. FLORENCE	SHAPIRO 400	14 FORDS LANE
18. / 4 2 / 1	CAUSE	F DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY				ONSET AND DEAT
LEADING TO DEATH	P.	su tamitis		
(This does not mean the made of dying,	e.g., DUE TO	<u> </u>		
heart failure, asthenia, etc. It means the disectiniury or camplication which caused death.)	ase,	enitonifis reinoma of		
	in Cal	being me of	Colon	
ANTECEDENT CAUSES	000.0			
DISEASES OR CONDITIONS, if any, give				
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
11				-
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO				
U 194 DATE OF OPERATION 1198 CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES. WERE FI	NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (ngtify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?		
U				
OF INITION	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi	le 🗌		
22. I certify that (I) (this hospital) attended			19 to 3/	7/1-19
	7///		1	
that (I) (we) lost sow the deceased alive	1 1		at in (my) (oxor) opln	ion deoth occurred on th
and hour and from the couses stated above	e. (1) (We) (dld) (did/not)	view the body ofter deoth.	,	
234 SIGNATURE			/	23B, DATE SIGNED
1/20-6 200		ending Med.	Stoff Phys	3/5/1 -
MC. PHYSICIAN'S	Phy	23D. ADDRESS	Phy s.	11/61
NAME (Type)	Ship to the	Q/ / /		
Jesse A. Marcel	M.D.	10 UH	Baltin	rore, Md.
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (City	, lown, or caunty) (S
BURIAL 3/11/65	BALTIMORE HEBRE	7.1	BALTIMORE	MARYLAND
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 12 1965 (R.C.	ent Enterseum.	SOL LEVINSON		
	TW 27 22 10 7 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10	1 - 4 - 4 2 midwood 1 4 / 6		/ I V   NEAD   L ND   UU

BROS. INC. 6010 REISTERSTOWN

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

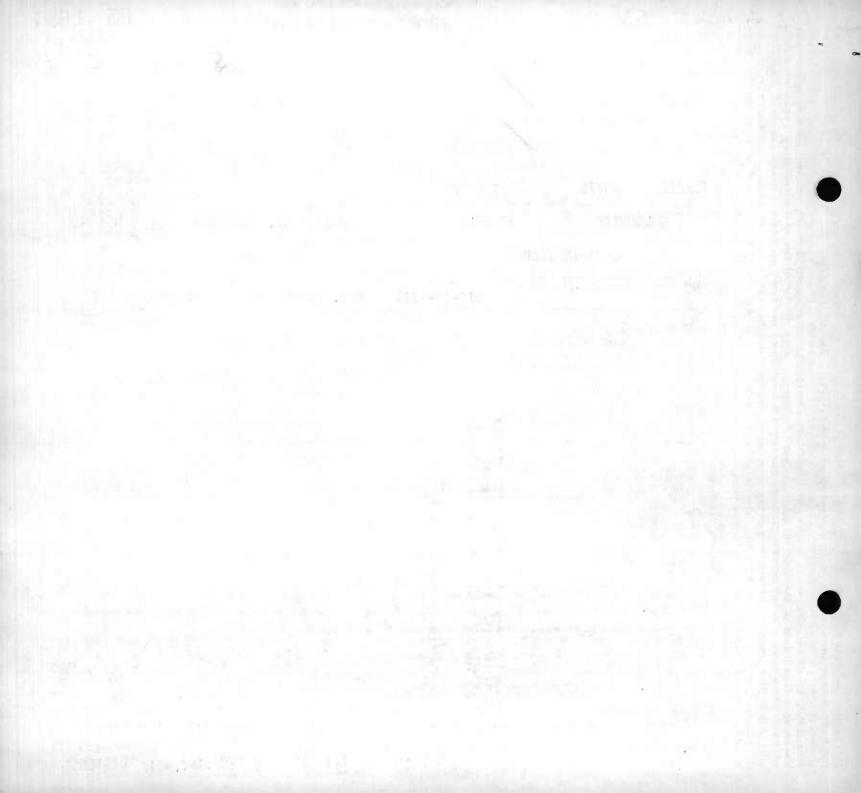


and a hospital occurred death assistant if IMPORTANT chief medical must be certificate

VS 150-REV. 1/1/65

FUNERAL DIRECTOR:

	A. STATE	B, CO	OUNTY	- A - U	10 n)
	C, CITY	OR TOWN (III	outside city limits, write	RURAL and give township)	
EE	BAG D. STREE	TIMOR		11215 15-1	/(
	392	24 Bo		VG	
y)	8. DATE O	F BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min	
STRY	11. BIRTH		foreign country) MARY LAND	12. CITIZEN OF WHAT COUNTRY?	
	14. MOTI	TOA F			
-	17. INFOR	MANT		ADDRESS	
3	MRS.	. SARAH I	EVIN 3924 B	OARMAN AVE	
SE O	F DEATH			INTERVAL BETWEEN ONSET AND DEATH	
De	see	ting An	eurym of	7	
Th	e As	chending	& Phosacic	Aosta	
,					
				L YES	
				, G. (1-1-1-1)	
		UTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
e.g., ii	n or obout ffice bldg.,	21 C. WHERE DIE	(If in Boltimo	re City, give exact location)	
)		21F. HOW DID	INJURY OCCUR?		-
Whil Work	e 🗌	, ,			
	,3/	9/65	19 65 to	3/9/196	5
9	19.			inlan death accurred an the	date
01) V	riew the t	oady after dea	in.	23 B. DATE SIGNED	
Phy		Med. Director	Stoff Phys.	3/9/65	
M.D.	23D. ADDI	mai	Hospita	I Ballinor	e
	EMATORY			City, town, or county) (Stat	e)
EL	ANSHE	SFARD	ROSEDALE	MARYLAND	
40	25C. I	FUNERAL DIREC		ADDRESS	
	BUL	LEYINSON	E DKUS.INC.	6010 REISTERSTOWN	RD



23C. NAME OF CEMETERY OF CREMATORY

23 D. LOCATION

24C. FUNERAL DIRECTOR

(City, town, or county)

John E. Adams, M.D.

24B. NAME OF REGISTRAR

23B. DATE

NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

23A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/65



11-23-1912 Washin

BIR	тн но.	DICAL EX	KAMINER'S CE	RTIFICATE	OF DEATH Registe	red No
-	E. CASE NO.					
Ĩ. (Ťy	NAME OF DECEASED pe or Print)	W. Line		2. D	ATE AND HOUR PRONOUNCE	ED DEAD
	WILLIS		GILBERT		March 10, 1965	10:45 P N
3.	PLACE IN BALTIMORE, MARYLAND	PATER	UNCED DEAD	4. USUAL RESIDENCE A. STATE	(Where deceased lived. If insti	itution: residence before admissio
W.	ERMITOUA LENDERMIND	SPITAL OR IN STITE	OHON, GIVE SIKEEL	Mary Mary	land Il outside corporate limits,	SIIPAL and give township)
HC IN:	SPITAL OR ADDRESS OR LO	OCATION)	MATERIAL PROPERTY.	C. CITT OK TOWN	il doiside colporole litilis,	1) 4
			10.00		imore /	- 0 1
	Johns Hopkins H	ospital		D. STREET ADDRESS		
5. :	SEX  6. RACE	17 AA ABBIED	NEVER MARRIED	B. DATE OF BIRTH	N. Castle Stree	If Under 1 Yr, If Under 24 Hr
J	o. RACE		DIVORCED (specify)	0 11 16	lost birthday	Months Doys Hours Min.
_	Male Negro		vorced	3-10-17	00 59	12. 617171
	USUAL OCCUPATION (Give kind of general most of working lile, even if retire		F BUSINESS OKJINDUSIKI	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	mucher	Krsy	COR. Type CO.	12 (		U.S.a.
13.	FATHER'S NAME	0	/	14. MOTHER'S MAIDEN	NAMED.	
	Unkn	own		magge	& laterson	
	WAS DECEASED EVER IN U.S. AR/ s, no or unknown), (If yes, give wor or		16. SO CIAL SECURITY NO.	17. INFORMANT	4	ADDRESS
1	211		238-03-5308	Carrie 160	Usler 1039 C	astle of
-	18 9 00.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DE	ATH	(A) Bronch	nopneumonia		
	(This does not meon the mode heart failure, asthenia, etc. It m injury or complication which cour	eons the discose,	DUE TO			
	ANTECENDENT CA DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A	IF ANY, GIVING	(B) Crat	niocerebral	Injury.	
	UNDERLYING CONDITION LA	ST.	400			
NO			(C)	• • • • • • • • • • • • • • • • • • •	240-240-48-440-400	*****************
ERTIFICATION	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTE	NG			
임	TO THE DEATH BUT NOT	RELATED TO				
RT	19A. DATE OF OPERATION 19B.		WHICH OPERATION	20A, AUTOPSY? (Yes	or No) 20B. IF YES, WERE FIR	NDINGS CONSIDERED
S		PERFORMED		Yes	IN CERTIFYING CAUS	SES OF DEATH?
AL	21 A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i		E DID (II in Boltimore City, gir	ve exoct location)
EDIC	UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.	home etc.)	**			02.04
ME	21D TIME (Month) (Doy)	(Yeor) (Hour)	Home		Castle Street	9/
	OF INJURY					
	4 41	65 A m.	WORK NOT W	ORK Fell	down cellar step	)S.
	22. I certify that I held on	Inquiry 🗌	Inspection Aut	opsy and tho	t on this bosis, death in m	ny opinion
	resulted from: Notural	couses	Accident X Suicide	Homicide	Undetermined monne	er 🗌
		,	1		AL EXAMINER	
	ACTUAL ()	al. 1	1:15 M.D.	ASSISTANT MEDIC		DATE SIGNED
	SIGNATURE EVAMINER'S	O-CUN	M. D.	ASSOCIATE MEDIC		3/11/65
	EXAMINER'S NAME (Type) Cha	rles S. P	etty, M.D.	ASSOCIATE MEDIC	DAE EVAMINEN	
	BURIAL CREMATION, 23B. DAT		C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (City,	town, or county) (Stote)
REA	MOVAL (Specify)	4-65			STATE CVILLE	NC
24.	A. DATE REC'D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C, FUNERAL DI	IRECTOR VILLE	ADDRESS
	MAR 12 10	5 1000	En SE OF DUC	do for this	1 1/ 1/11 11 -1 -	70 1/121 ( )

VS 151-REV. 1/1/65

10SEPH-KNIGHI 1639

.S. 153 h

7-65

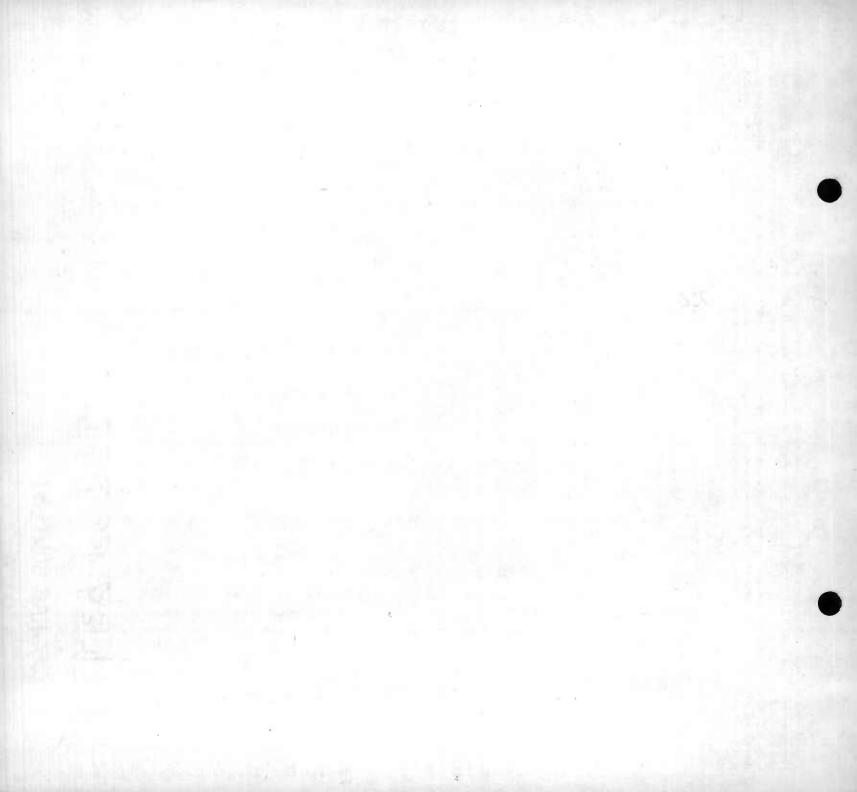
H.H.

SALE SVILLE NC

JUSEPH-TONICHT TEST VICTORINA

DIRECTOR:

FUNERAL



IMPORTANT

FUNERAL DIRECTOR:

		A = 1		BALTIMORE CITY	HEALTH DEPARTMENT		65 2690
M.E. CA	SE NO.	65 2690		CERTIFICA	TE OF DEATH	Registered Na.	
1. NAME (Type or	Print)	ASED				D HOUR OF DEATH	
***		Margaret		Cairns	March	n 10, 1965	
3. PLAC	E OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before odmissio
						2	7-19
HOSP	NAME OF	F (If not in hospital oddress or location		give street	Maryland c. city or town (If out	side city limits, write	RURAL and give township)
INSTIT	TUTION				Baltimore	order only mining, mine	nema and give township
) 4	LOOO	Primrose Av	01110			rurol, give location)	
-	10001	I IIII OSE AV	cirue			The Court of the C	
5. SEX		6. RACE	7 AA ABBIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
D. 3EX			WIDOWE	D, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Fen		White	Wide		Dec. 21, 1892	72 Yrs.	
		IPATION (Give kind of work vorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	-	ip Mgr.	D. BOLL		Baltimore,	Ma muland	U.S.A.
	TER'S NAM				14. MOTHER'S MAIDEN NAM	ME TYTATIO	U.S.A.
		ust Manns			Elizabeth K	ommalan	
Yes, no o	Deceased or unknown)	Ever in U. S. Armed Fore	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		, , , , ,		212-03-8742	Miles Berger	- 216 W. M	Adison Street
1B.	1 5			CAUSE O	0	-10 11 1	INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTIV			0 1	ONSET AND DEATH
		LEADING TO DEATH	ECILI		jarcihoma of	non	14 months
(Thi	s does no	ot meon the mode af	dying, e.g.,	DUE TO	200.00.0011	COTON	
heo	rt foilure,	osthenio, etc. It meons	the diseose,				
info		plication which coused	deom./	(B)			
	Д	INTECEDENT CAUSES		DUE TO	######################################	*********************	
		R CONDITIONS, if					
		obave couse (A)	stoling the	(C)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Z OT	HED SIGNII	II FICANT CONDITIONS C	ONTRIBILITIN	G			
2 10	THE DE	ATH BUT NOT RELA	TED TO TH				
		OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED
19A.		WAS PERF				IN CERTIFYING CA	USES OF DEATH?
	. ACCIDEN	IT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR	CONTRIBU	TING CAUSE OF	hom etc.	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?		
U		medical examiner	erc.				
WOF	. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
3	PROX.)		Wh	ile At Not While			
						11	20 10 15
		that (1) (this hospital		he deceased from		19 6 10	March 10 196
that	(I) (Xe)	last saw the decease	d alive on	march 10	1965   and th	ot in (my) 🗽 opi	inian death accurred on the d
				•	lew the bady after death.		
1	SIGNATU			, , , , , , , , , , , , , , , , , , , ,	-		23 B. DATE SIGNED,
0	· hit	- Che	. 1.1	M.D. Atte	nding Med.	Stoff	3111/5
	Juna	nest. Ish		Phy	s. Director	Phy s.	311102
23C.	PHYSICIAL NAME (Ty	N'S (pe)			23D. ADDRESS 5356 Pa	isterstown	Post
		Julius C.	· Gluck	M.D.		4.4	ì
		AATION, 24B. DATE		AME of CEMETERY OF CRE	MATORY BALTIMO	re Marylan	ity, town, or county) (State)
-	MOVAL (S						
	urial	3/13/65		oodlawn Ceme		timore, M	
25A. DA	TE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	100 /12n	MACASADDRESS
	1A	14K T2 13P2	To Sail	C. Markey Hall	Ellsworth Ar	macost-460	OOLibertyHghts.A
S 150-F	REV. 1/1/6	5		and the			- Chiberty Hights . A

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BALTIMORE CITY HEALTH DEPARTMENT

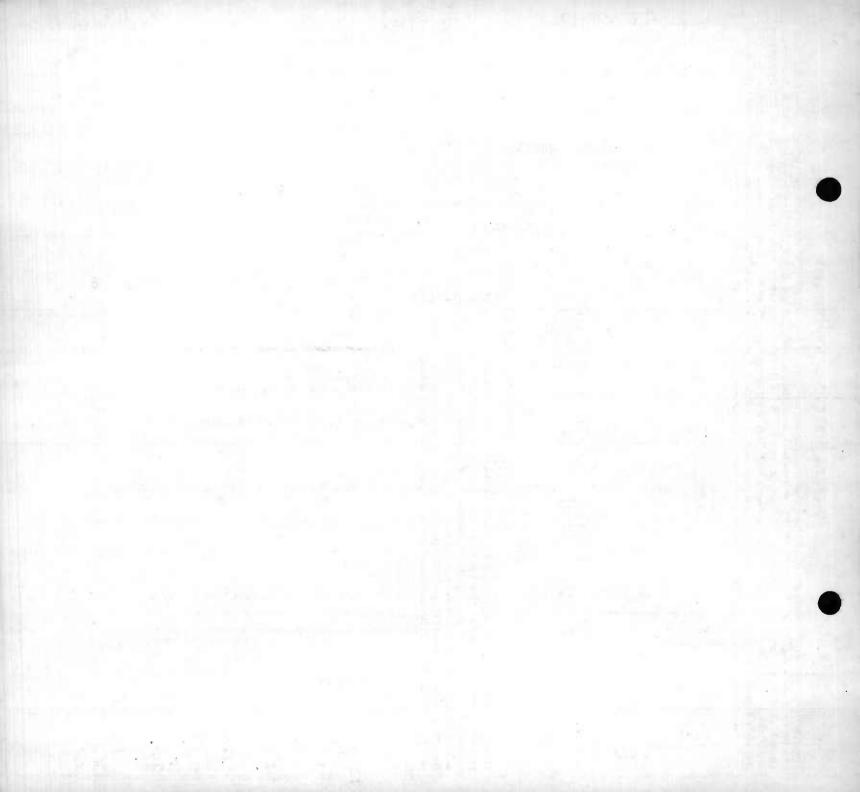
65 2004

BIRTH NO.	MED	ICAL EXAMI	NER'S CE	ERTIFICA	TE OF	DEATH Registe	red Na.	C031
M.E. CASE NO.					$\times$			
(Type or Print)	BERNARD	G. PFEI	FER			h 9, 1965		39 P
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNCED D	EAD	IIA. STATE		deceased lived, If insti	itution: residence b	efore odmissi
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, G	VE STREET	Ma	ryland	de corporote limits, write	Ball	to wn ship)
					ite Mar		537	20
John	ns Hopkins Hos	spital		D. STREET ADD				
5. SEX	6. RACE	7. MARRIED, NEVER A	AARRIED	8. DATE OF BIRT	4	9. AGE (In years	If Under 1 Yr. I	f Under 24 H
Male	White	widowed, divorce		6/20/10		lost birthdoy)	Months Doys	Hours Mir
IOA, USUAL OC	CUPATION (Give kind of wor		S OR INDUSTRY	11. BIRTHPLACE	State or forei		12. CITIZEN OF	
Unemplo	of working life, even if retired)			Baltimo	re. Mar	vland	WHAT COU	NTRY?
13. FATHER'S NA	ME		M. H. Maria	14. MOTHER'S M	AIDEN NAM	IE		
	J. Pfeifer			Barbara	Cora D	iepolo		
	SED EVER IN U.S. ARMED		AL RITY NO.	(mother	)		ADDRESS	
no		212-18	-8550			r Loreley Be	each Road,	White
18. 4.	0.0		CAUSE	OF DEATH		March, Mar	rland INTER	AL BETWEE
DISE	ASE OR CONDITION DE	RECTLY				. 7.		
(This doe:	LEADING TO DEATH s not mean the mode of		(A) Arter	losclerot	ic Hear	t Disease.		
heort foilu	s not meon the mode of tre, osthenio, etc. It meons complication which coused	the discose, deoth.)	501.10					
	ANTECENDENT CAUS	E C						
	S OR CONDITIONS, IF A	ANY, GIVING	(B) DUE TO	•••••				***************************************
	THE ASOVE CAUSE (A) S YING CONDITION LAST,	TATING THE						
Z			(C)					**********
U TO THE	GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE						
-	OF OPERATION 198, CON WAS PER	IDITION FOR WHICH C	PERATION		? (Yes or No)	20B. IF YES, WERE FIN		RED
	IAL CAUSE WAS		F IN HIDY (o.g. ;	Yes	VHERE DID			Yes
O UNDERLYING	GOR CONTRIS-	home, form, (etc.)	octory, street, o	ffice bldg., INJUR	OCCUR?	(If in Baltimore City, gi	ve exoct locotion)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	WHILE AT	RY OCCURRED	WHILE	TNI DID IND	URY OCCUR?		
22.		m. WORK	AT W		1.1			
	ertify that I held an I					is basis, death in π		/
res	ulted fram: Natural ca	uses Accident	Suicide			Undetermined manne	er 🔝	V
ACTU		11/5	•			XAMINER X	DAT	E SIGNED
	TURE CA	eles 1 sel	M. D.	ASSISTANT M		promp	3/1	10/65
	(Type) Charles	S. Petty M.	D.	ASSOCIATE M	EDICAL E	AAMINEK [		
23A. BURIAL C	REMATION, 238, DATE	23C. NAME	of CEMETERY of	CREMATORY	23 D. I	OCATION (City,	town, or county)	(Stote)
Burial	3/13/6	55 Holy	Redeemer	Cemetery	F	Baltimore, Mo	d.	
24A. DATE REC	MAR 12 1965	24B NAME OF REGIS	TRAR PLENTA	3331 B	Alekaron rehms I	ieral Home, I	Inc. ADDRESS	S
VS 151-REV. 1/	1/65		1, 1, 1	112 6	- 6			

 IMPORTAN

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



Registered Na. BIRTH NO. CERTIFICATE OF DEATH se of death (5) Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) u<sub>o</sub> 3 URTER LAUCINE 10-6 hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission ance B. COUNT cause MARYLAND (If not in hospital or instilution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (Il outside city limits, attend cause; INSTITUTION 0 .= Drior contributing is made. (4) Undetermined regular 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED eceased WIDOWED, DIVORCED (specify) lost birthday William 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country disposition done during most of working life, even if retired) Housewife Baltimore, Maryland MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Jordan Catherine Jones IMPORTANI death OD kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. attendance No any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, regular DIRECTOR: injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the physician UNDERLYING CONDITION lost. the remains **SDM** II CERTIFICATION FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) O WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID where home, form, foctory, street, office bldg., INJURY OCCUR? 0 MEDICAL hospital DEATH (notify medical examiner) by obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except While At Not While [ (APPROX.) Work At Work pup any 22. I certify that (this hospital) attended the deceased from 19 6 5 -10 that (Twe) last saw the deceased alive an.... death) of hospital and hour and from the couses stated wave. ( (We) (did) (did) view the body after death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. M.D. 0 Phys. written approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior ţ NAME (Type) JALVATORE NOHUE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION 0.0 body REMOVAL (Specily) 3-15-65 New Cathedral M ds 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

write RURAL and give township)

If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs.

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

Simon A. Porter - 3511 Ellamont Rd.

INTERVAL BETWEEN ONSET AND DEATH

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(II in Boltimore City, give exact location)

1965 and that in (aur) apinion death accurred an the date

BALTIMORE CITY HEALTH DEPARTMENT

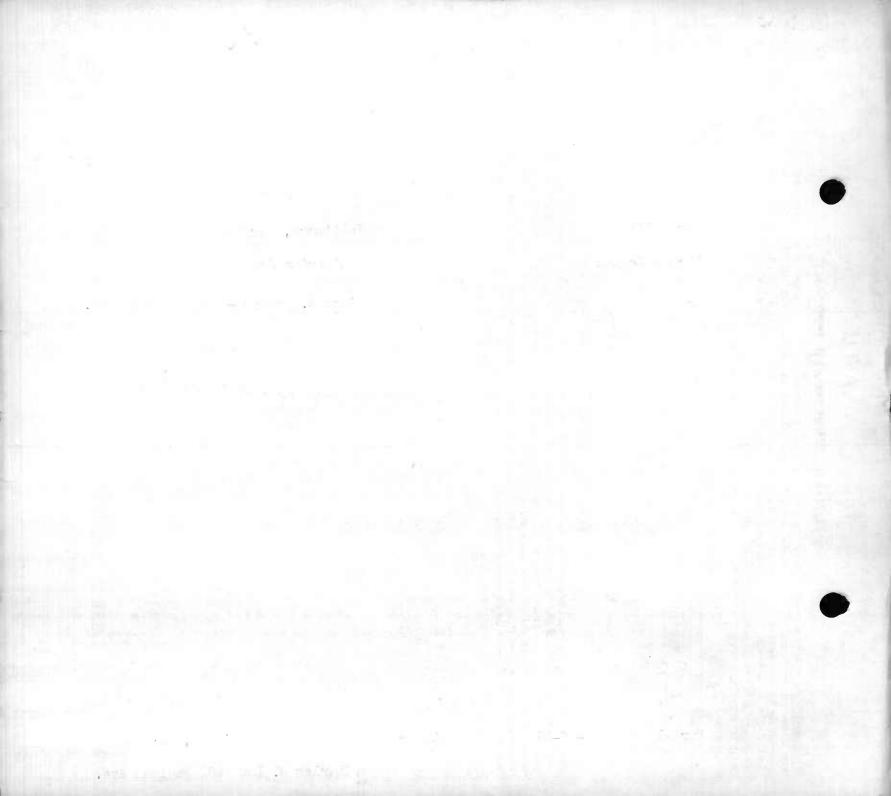
(City, town, or county)

-10-6

Baltimore. Maryland

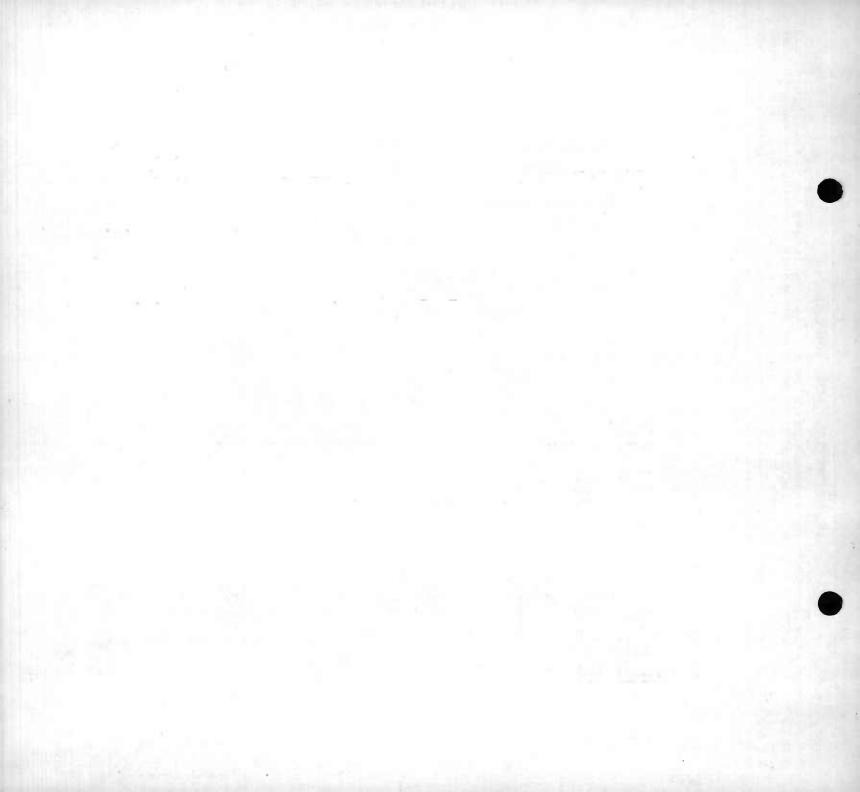
Charles RO Law 802 Madison Ave.

VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

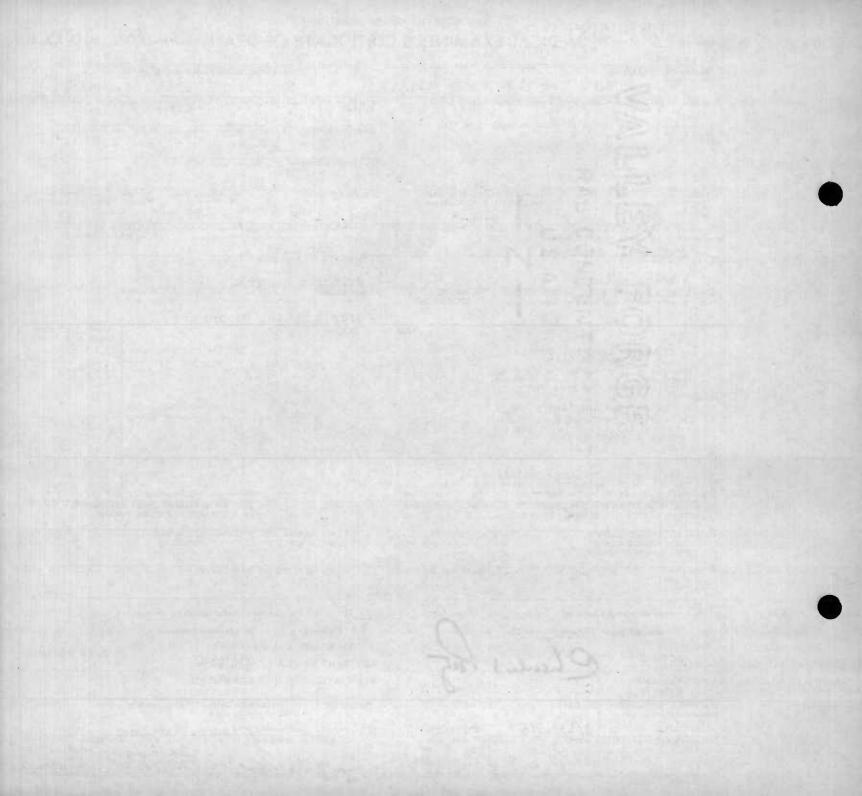


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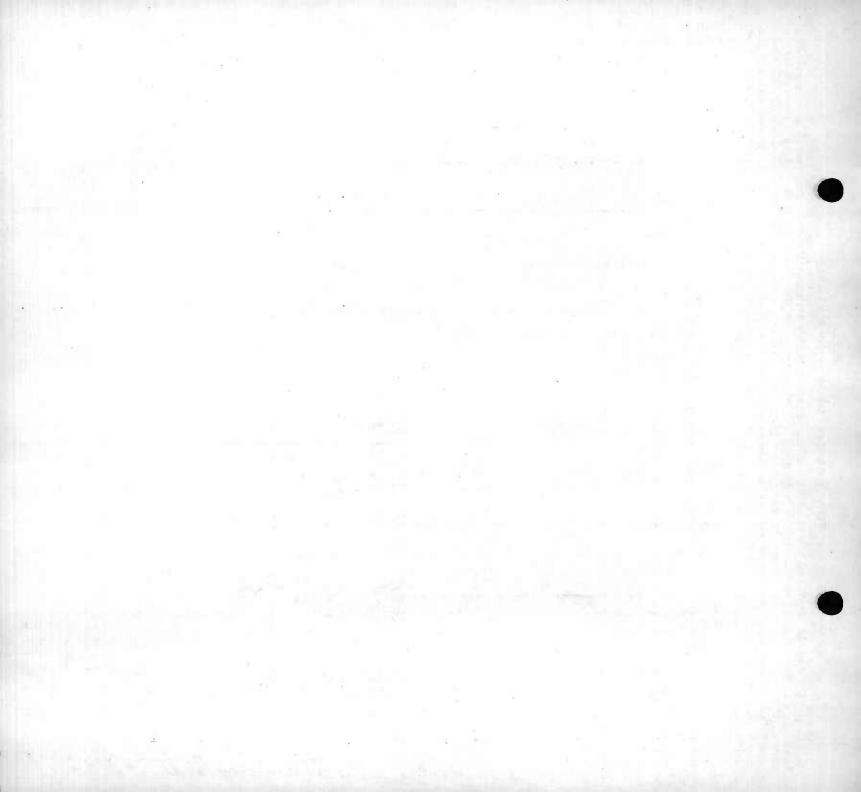
## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.5 2695

M.E. CASE NO.					
Type or Print				2. DATE AND HOUR PRONOUNG	
	CHARLES	C. WALL		March 11, 1965	9:25 A M.
3. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE	B, CO	stitution: residence before odmission) UNTY
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET		ryland	
HOSPITAL OR	ADDRESS OR LOCA	ATION)	C. CITY OR TO	WN (If autside carparate limits, wri	te RURAL and give tawnship)
			Ва	ltimore	5-00
10	Mercy Hospital		D. STREET ADD	RESS (If rural, give location)	
*	icicy nospical		16	41 E. North Avenue	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
Male	White	WIDOWED, DIVORCED(specify)	Cont 10	lost birthdoyl	Months, Doys Hours Min.
IOA. USUAL OCO	CUPATION (Give kind of wor	Single		(State or foreign country)	12. CITIZEN OF
done during most of	f working life, even if retired)				WHAT COUNTRY?
Lawyer	-self employe	d	Mar 14. MOTHER'S M	yland	
			14. MOTHER'S M	AIDEN NAME	
	es Wallace	A Property of the Control of the Con	Priscll	La Renshaw	Marine Control
	ED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
			Manar Ho	enital Basenda	
18.	2 2 2	CALLS	E OF DEATH	spital Records	I INTERVAL BETWEEN
40	Kiskish I	CAUS	E OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DE				
(This does	LEADING TO DEATH	/A1 AL CC.	riosclerot	ic Cardiovascular	Disease.
heart failur	not meon the mode of e, asthenio, etc. It meons omplication which caused	dying, e.g.,  by the disease,			
Injury at Co	omplicollari which caused	deom.)			
	ANTECENDENT CAUS	ES			
DISEASES	OR CONDITIONS, IF	ANY, GIVING DUE TO			
	HE ABOVE CAUSE (A) S ING CONDITION LAST.	TAIING THE			
Z		(C)			
1	II.				
OTHER SIG	CONTINUE ON THE CONTINUE OF TH				
DISEASE	OR CONDITION CAUSING				
		NOTION FOR WHICH OPERATION	20 A. AUTOPSY	? (Yes ar No) 20B. IF YES, WERE F	
0 0	WAS PER	RFORMED	Ye	S IN CERTIFYING CAL	JSES OF DEATH?
21 A. EXTERN.	AL CAUSE WAS	21B, PLACE OF INJURY (e.g.,		WHERE DID (If in Boltimare City, of OCCUR?	
	USE OF DEATH.	hame, form, factory, street,	office bldg., INJUR	Y OCCUR?	
~					
21D TIME OF INJURY	(Month) (Day) (Yeo			OW DID INJURY OCCUR?	
(APPROX.)		m. WHILE AT NOT	WHILE		
22.					
Ice	rtify that I held an I	Inquiry Inspection A	utopsy X an	d that an this basis, death in	my apinian
resu	lted from: Natural ca	uses X Accident Suici	de 🗌 Hamici	Ide Undetermined mans	ner 🗌
	01		CHIEF M	EDICAL EXAMINER	
ACTUA		0 1 /25	A SSISTANT M	EDICAL EXAMINER	DATE SIGNED
SIGNA		Cartin J reco M.I			3/11/65
EXAMI NAME	(Type) C harl	es S. Petty M.D.	ASSOCIATE M	MEDICAL EXAMINER	
23A. BURIAL CR REMOVAL (Speci		23C. NAME OF CEMETERY	ar CREMATORY	23D. LOCATION (Cit	y, tawn, or county) (Stote)
Burial	3/13/1	1965 Greenmount Ca	emeterv	Baltimore, Ma	harland
24A. DATE REC'I	D BY HEALTH DEPT.	24B. NAME OF REGISTRAR		AL DIRECTOR	A DDRESS
	MAR 12 1965	R. Bul E. Farley M. A	THE RESERVE	7. 0 Ba	timor, md. 212
	111/11/2 - 1000	dology of dome	a wmit.	Vachner & sono no	Th Ha. avenu
VS 151-REV. 1/1	1/65		fire		



BIRTH NO.	-65 - 269	6	CEDTIEIC	ATE OF D	FATH	Registered N	0	2000
JKIH NO.	00 700		CERTIFIC	AIE CEL				
M.E. CASE N	DECEASED		OLK TILLO	7112 01 0		NO HOUR OF DEA	714	
Type or Print)		ah+			1			
PLACE OF	Marylee Wri			IA. USUAL RES	IDENCE (Who	h 10, 1965	f institution; resi	denca hafare admis
				A, STATE	B. COU	ATY		dence belone della:
FULL NAM	AE OF (If not in hospi	tal ar institution,	give street	Maryl		Balti		
HOSPITAL INSTITUTIO	N			C. CITY OR TO	OWN (If as	tside city limits, wri	te RURAL ond	give tawnship)
)	House in the				e River		63	-0.0
	2525 West Be			D. STREET AD	DRESS (II	rural, give location)		
	Baltimore, M		21215		nway So	****	20	
S. SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BI	RTH	9. AGE (In years last birthday)	Months D	Yr. If Under 24 Pays Hours M
Female	White		ried	Oct. 7.	1888	76		
	OCCUPATION (Give kind of solid of working life, even if relied		BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (State or fore	ign country)	12. CITIZE	N OF COUNTRY?
		,,,,		Greenv	ille, T	evas		
House 3. FATHERS				14. MOTHER'S				
Tomo	Cobogon Mett	harra		T.J.	D			
	Gehagan Matt		11.6 (0.014)	17. INFORMAN	Brown			DORESS
Yes, na ar unk	nawn) (If yas, give war or	dates of sarvica)	SECURITY NO.	17. INFORMAN			-	DDRESS
No	None			Mrs. Ma	ry Upto	n Route 16	Box 452	Balto. 1
1B.	20101		CAUSE	OF DEATH			IN	TERVAL BETWEEN
DI	SEASE OR CONDITION			n 1		PHIL	0	NSET AND DEATH
177	LEADING TO DEA		(A)	Broncho.	gneun	1000	6	days
heart fai	es nat meon the made lure, osthenia, etc. It me	of dying, e.g.,	DUE TO		/	4 1000		0
	camplication which cou							
	camplication within con	sed deolh.)		4. 1	1 +.	11. A. n.		111111
	ANTECEDENT CAU		(B) Co	terio - S	climtic	Heart De	ring -	10 yrs
DISEASE		SES	(B) OUE TO	iterio - S	elisti	Heart De	ring -	10 yrs
rise la	ANTECEDENT CAU  S OR CONDITIONS, the above cause (	SES if any, giving	(B)	Serebal Va	elevotre	Heart De	ing -	10 yrs
rise la	ANTECEDENT CAU	SES if any, giving	(B) Current (C)	rteno - S Berebal VI	ebroti	Heart De	ming -	10 yrs
rise la UNDERL	ANTECEDENT CAU  S OR CONDITIONS, the above cause ( YING CONDITION last,	SES if any, giving A) slating the	(B) Co	rterio - S Perebal VI	elevotie	Gent De	ning -	10 yrs
rise Ia UNDERL	ANTECEDENT CAU  S OR CONDITIONS, the above cause ( YING CONDITION last.  II SIGNIFICANT CONDITIONS E DEATH BUT NOT R	SES  if any, giving A) stating the  S CONTRIBUTING SELATED TO TH		rterio - S Perebal VI	elevotri isculur -Seles	Gent De	ming -	10 yrs
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OTHER SOLD IN DEATH (1) ON DEAT	ANTECEDENT CAU  S OR CONDITIONS, the above cause ( YING CONDITION last,  SIGNIFICANT CONDITION E DEATH BUT NOT R OR CONDITION CAUSIN  E OF OPERATION 198. C WAS  CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical exominar)  E (Manth) (Doy) (Your last saw the decer or ond from the couses stature  LATURE  LATURE  CREMATION, 24B. DATE AL (Spacify) 24B. DATE	SES  if any, giving A) stating the  S CONTRIBUTING SELATED TO TH G IT. ONDITION FOR V PERFORMED  G 21B. hom etc.)  iai) (Haut) 21E. Whi wat  itol) ottended the osed alive on	PLACE OF INJURY (e.g., la, form, foctory, street, la, form, foctory, street, la, form, foctory, street, la, la, la, la, la, la, la, la, la, la	hile 21F. F. hile 21F. F. hile 21F. F. hile 221F. F. hile	WHERE DID RY OCCUR?  IOW DID IN.  Ond ti  ofter deoth.  Med. Director	(If in Boltin  OURY OCCUR?  1950 ta	ppinlon deoth  23B. DATE  (City, town, at	O 19 6 occurred on the
OTHER STORM OF INJUING A SURIAL REMOVE BURIAL REMOVERS.	ANTECEDENT CAU  SOR CONDITIONS, the above cause ( LYING CONDITION last.  SIGNIFICANT CONDITION E DEATH BUT NOT R OR CONDITION CAUSIN E OF OPERATION 198. CIDENT WAS UNDERLYING TRIBUTING CAUSE OP CRY (WAS)  THIS HOLD (1) (+181-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	SES  if any, giving A) stating the SCONTRIBUTING SELATED TO THE GIT.  ON DITION FOR VPERFORMED  G	PLACE OF INJURY (e.g., lo, form, foctory, street, lo, lo, form, foctory, street, lo, form, foctory, street, lo, form, lo, form, foctory, lo, form, lo,	in ar about 21C. Voffice bldg., INJUI  21F. Finile 19 6 6  View the body  Attending 19 6 6  Attending 19 6 6  CREMATORY  Me tery	NHERE DID NY OCCUR?  NOW DID IN.  Ond to Ofter deoth.  Med. Director  240. 1  Ba	Staff Phys.   Staff Cocation  Ltimore, Ma	ppinlon deoth  23B. DATE  (City, town, at	O 19 6 occurred on the
OTHER STORM OF INJUING A SURIAL REMOVE BURIAL REMOVERS.	ANTECEDENT CAU  S OR CONDITIONS, the above cause ( YING CONDITION last,  SIGNIFICANT CONDITION E DEATH BUT NOT R OR CONDITION CAUSIN  E OF OPERATION 198. C WAS  CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical exominar)  E (Manth) (Doy) (Your last saw the decer or ond from the couses stature  LATURE  LATURE  CREMATION, 24B. DATE AL (Spacify) 24B. DATE	SES  if any, giving A) stating the SCONTRIBUTING SELATED TO THE GIT.  ON DITION FOR VPERFORMED  G	PLACE OF INJURY (e.g., la, form, foctory, street, la, form, foctory, street, la, form, foctory, street, la, la, la, la, la, la, la, la, la, la	in ar about 21C. Voffice bldg., INJUI  21F. Finile 19 6 6  View the body  Attending 19 6 6  Attending 19 6 6  CREMATORY  Me tery	WHERE DID RY OCCUR?  IOW DID IN.  Ond ti  ofter deoth.  Med. Director	Staff Phys.   Staff Cocation  Ltimore, Ma	ppinlon deoth  23B. DATE  (City, town, at	O 19 6 occurred on the



Baltimore National

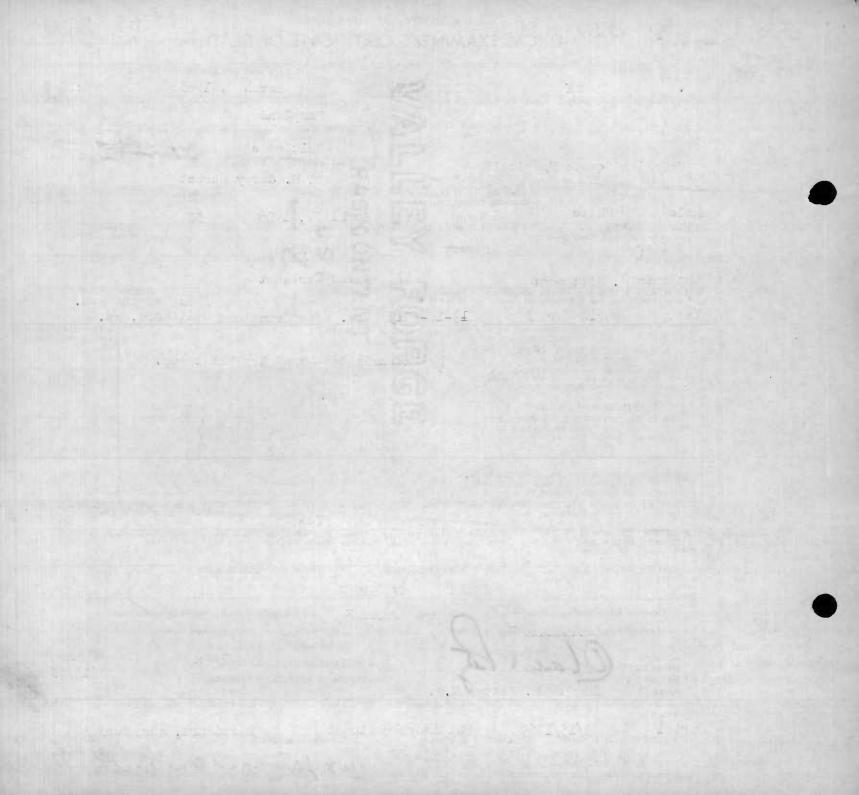
24C. FUNERAL DIRECTOR

248, NAME OF REGISTRAR

Baltimora, Maryland

VS 151-REV. 1/1/65

Burial



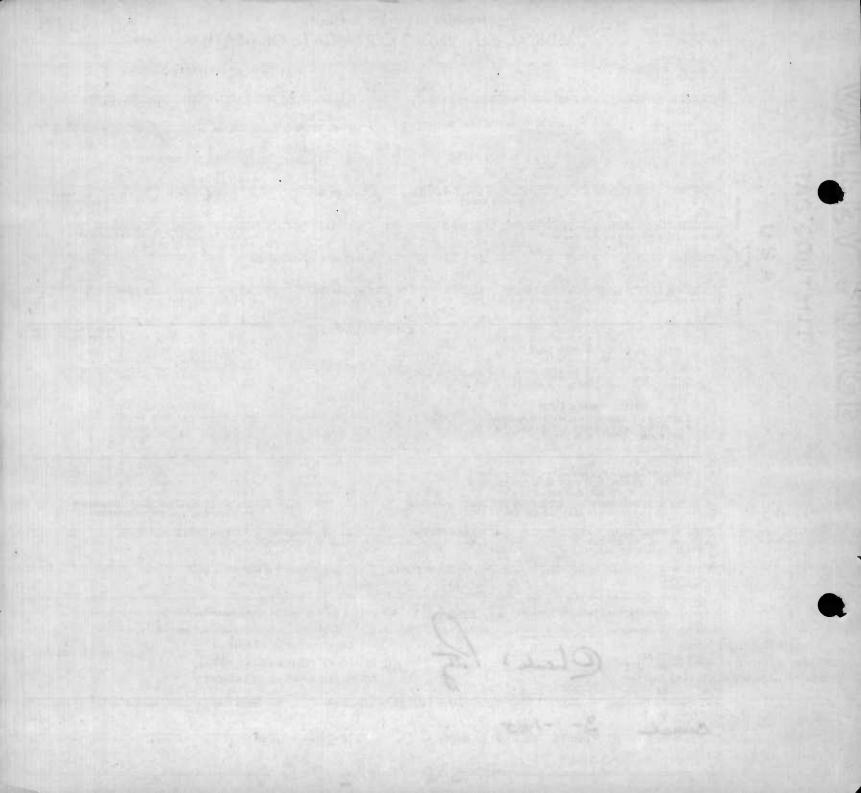
24C. FUNERAL DIRECTOR

ADDRESS

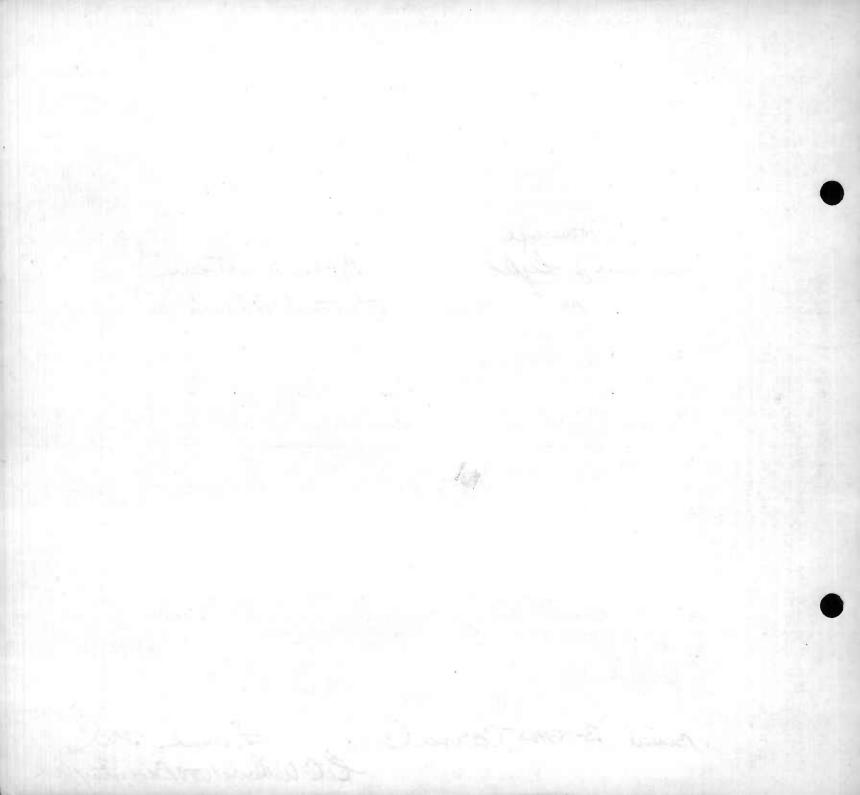
24B, NAME OF REGISTRAR

24A, DATE REC'D BY HEALTH DEPT.

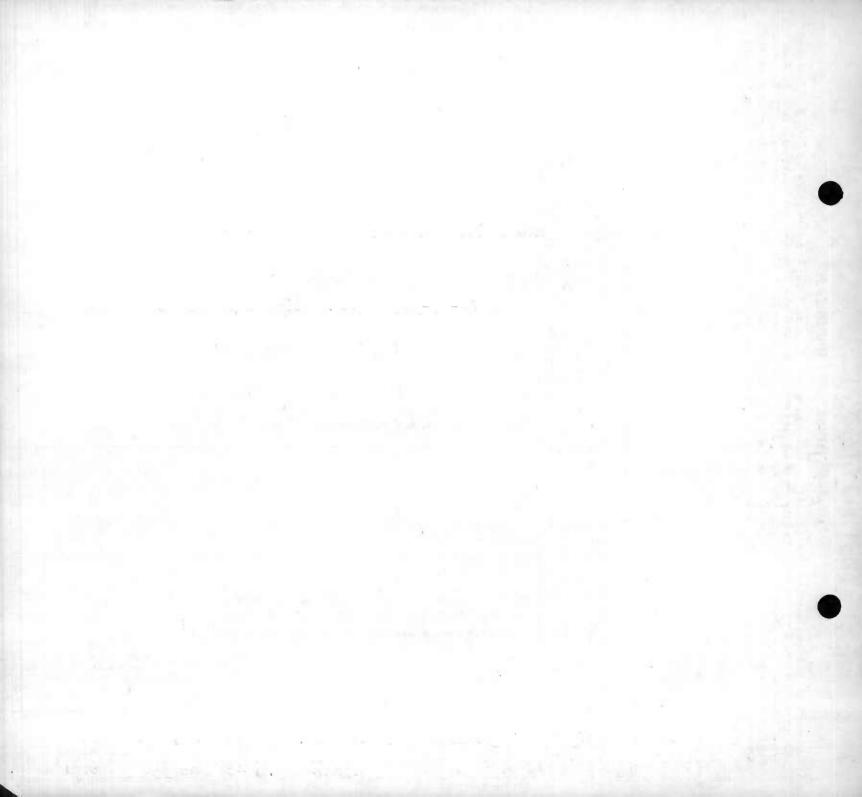
VS 151-REV. 1/1/65



CE 0000	BALTIMORE CIT	Y HEALTH DEPARTMENT	,	0000		
шатн но. 65 2699	CERTIFICA	ATE OF DEATH	Registered No.	5 2699		
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	RVANT	2. DATE AN	D HOUR OF DEATH	15:UT 1		
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	7 67101	4. USUAL RESIDENCE (Vy) en	e deceased fived. If instit	lution: residence befare admission		
FULL NAME OF (If not in hospital or insti	tution, give street	A. STATE 8. COUN	lto.	75-33		
INSTITUTION	. 1 0	C. CITY OR TOWN (If our	side city limits, write RUI	(AL and give township)		
UNIVERSITY HO	Spital	D. STREET ADDRESS (IF	luis Jem	r Prind		
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	Under 1 Yr. If Under 24 H		
10A. USUAL OCCUPATION (Give kind of work 10B, KI	MD OF BUSINESS OF INDUST	4/1/05	37	10 CUTATO OF		
dane during mast of warking life, even if retired)	ND OF BOSINESS OK INDUSTR	Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME			
William 9 Les	10	Barton M.	Stingon			
15. Was Deceased Ever in U. S. Armed Forces (Yes, no ar unknown) (III yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
no		Luther William	Oleinen	land		
18. 420, 14 260	CAUSE	OF DEATH	LO LO ANDO	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(P)	Ilmanan Cm	haling 12	1 for-		
(This does not mean the mode of dying,	, e.g., DUE TO	Umonary Cm	36 W (,)			
heort foilure, osthenio, etc. It meons the di injury or complication which coused death.	seose,	M M	1.001	tik		
ANTECEDENT CAUSES	DUE TO	icetus Plyocar	deal Sylven	why wh		
DISEASES OR CONDITIONS, if ony,	1	- 0 9-	heart dis			
rise to the obove cause (A) stating	g the (G)	one scholotic.	neart aus			
tt.						
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		tic Acidosis				
				TOWNER CONSIDERED		
198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	ES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B, PLACE OF INJURY (e.g. hame, larm, factory, street, etc.)	, in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimore C	ily, give exact lacotion)		
OF INJURY (Month) (Day) (Year) (Hau		21F. HOW DID INJ	URY OCCUR?			
(APPROX)	While At Not Wi	hile 🔲		1		
22. I certify that (IV (this hospital) attended the deceased fram 2/28/ 19 5 to 3/10 19 5						
that (1) (we) last saw the deceased oliv			ot in (my) (our) opinio	on death occurred on the d		
ond hour ond from the causes stoted ab	ove. (1) (did) (did not)	view the body after death.				
23A. SIGNATURE		ttending Med. hys. Director	Staff Phys.	3B DATE SIGNED 65		
23C. PHYSICIAN'S NATIVE (Type) Trancine Par	nitta M.	23D. ADDRESS	itu Ho	arian		
24A. BURIAL CREMATION, 24B. DATE	24C NAME of CEMETERY OF C	1.0100100	OCATION (City,	tawn, ar county		
Burel 3-15-1965	- Carrer Ca	and a	Lamuel	mel		
MAR 12 1965 Por 6-8	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	7 \	ADDRESS		
1000 APRIL 5"	ACTORNIAN ()	1-12/16/10/10	2000/1001/3	cantal ax		

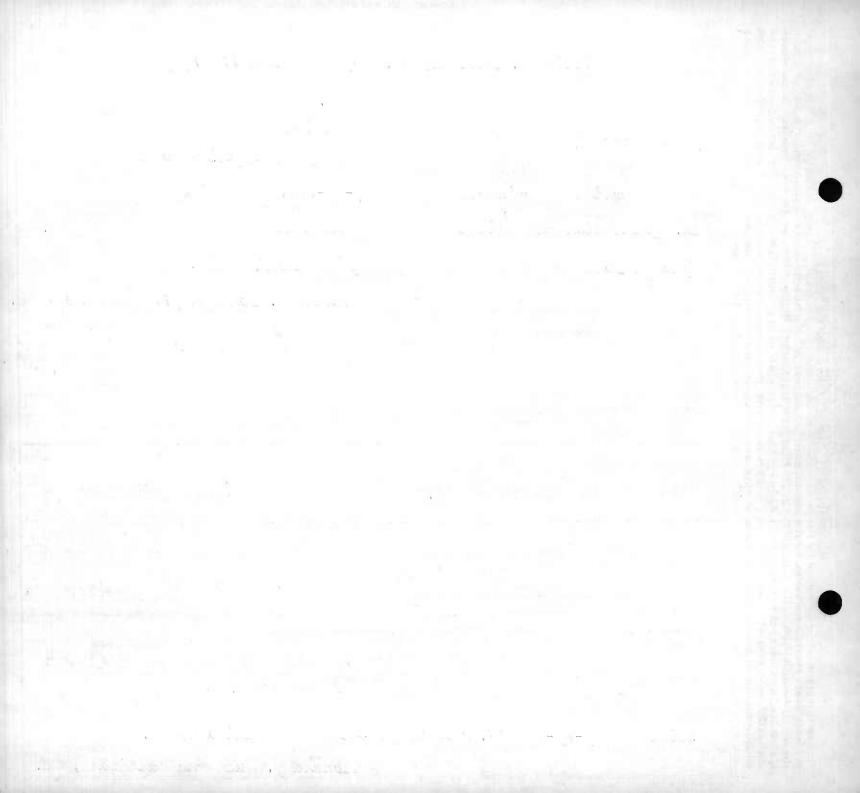


BALTIMORE CITY HEALTH DEPARTMENT	
MRITH NO.  M.E. CASE NO.  65 2700 CERTIFICATE OF DEATH Registered No. 65 2700	
Type or Print) Packson, andrew B. March 11, 1965 6.50	D.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before of	dmrssion)
FULL NAME OF HOSPITAL OR Oddross or locotion)  (If not in hospital or institution, give street oddross or locotion)  C. CITY OR TOWN (II oytside city limits, write RURAL and give township)	
Baltimore	0
Maryland General Hospital D. STREET ADDRESS (If rurol, give locotion) 343 St. Georges Rd # 4	
Male white Married B. Date Of Birth 9. AGE (In Years Doys Hours)  Male white Married 2/3/1880	r 24 Hrs. Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or (oreign country)  112. CITIZEN OF WHAT COUNTRY?	
Retired Automobile Salesman Bacto. Md U.S. A	
Andrew Gach son Anna Fielt	
5. Was Deceased Ever in U. S. Arnid Forces? Yes, no or unknown) (It yes, give we do do dots of service)  16. SOCIAL SECURITY NO.	11 (
218-09-3044 Mrs. Elizabeth Gaeoler same	
18. A INTERVAL BETWO	
LEADING TO DEATH  (a) Musicandial invariation 3 days	
(This does not mean the mode of dying, e.g., DUE TO )	
injury or complication which caused death,)  ANYECEPTALY CAUSES	
ANTECEDENT CAUSES  (B)  DUE TO  DUE TO  C'  A CONDITIONS, if ony, giving	*******
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH O	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g., in or of out 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  OR CONTRIBUTING CAUSE OF OCCUR?  OEATH (notify medical examiner)  121B. PLACE OF INJURY (o.g., in or of out 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	
22. I certify that (1) (this hospital) attended the deceased from March 4 1965 to March 11 19	65.
that (1) (we) last saw the deceased alive an March 11 19 6 5 and that in my (aur) apinion death accurred an	the date
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death.	
23A. SIGNATURE  Altonding Med. Stoff  Maych 11.	10/
230- ADDRESS 23D. ADDRESS	-
230-ADDRESS NAME (Typo)  M.D. I SUN M.D. Maxilland General Ho.	5bite
NAME (Typo)  Mary Land General Ho.  24A, BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY OF CREMATORY 124D, LOCATION (City, town, of country)	Spik.
NAME (Typo)  M.D. Mary Land General Ho.  24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  REMOVAL (Specify)	Spite (Tiote)
NAME (Typo)  M.D. Mary Land General Ho.  24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	Spite (fiote)

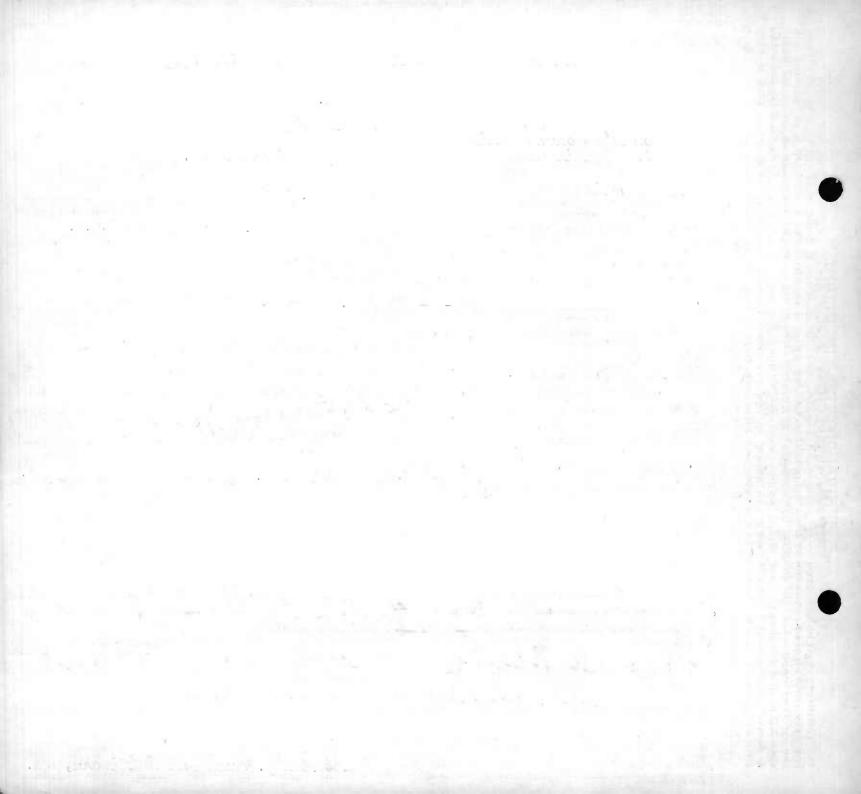


VS 150-REV. 1/1/65

MKIL	H NO. 65 270	1 CERTIFICA	ATE OF DEATH	Registered Na.	55 2701
	CASE NO.	CERTITION		D HOUR OF DEATH	
	ou Print)	7	4		
3. PI	LACE OF DEATH IN BALTIMORE MARYLAN	. Joreman, Sr.		11, 1965	tution: residence before admiss
,, ,,	and all around and Musical		A. STATE B. COUN	TY TY	totion: residence before domass
FI	ULL NAME OF (If not in hospital or inst	titution, give street	Md.	2/	C. Km
	OSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
		1	Baltimore		
	6005 Clearspring R	oaa		rurol, give location)	
			6005 Clear	spring Roa	d
. SE	X  6. RACE  7. M	ARRIED, NEVER MARRIED		1 0	
		IDOWED, DIVORCED (specify)		lost birthdoy)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
1		rdowed	9-23-1881	03	
	USUAL OCCUPATION (Give kind of work 10 B, K during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
R	et. Contractor and	Ruilden	Maryland		(
3. F	ATHERS NAME	Duviusi	14. MOTHER'S MAIDEN NAM	M.E.	
				11	
	George Foreman Vay Deceased Ever in U. S. Armed Forces?		Emma Veronia	ca King	
5. W	Val Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
	, ,	JECORIII IIO,	Charles III:	Foreman 711	Cedarcroft !
1.	10	CALLER	OF DEATH	ortenat /11	
18.	7 7 3 1				ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	Y	ertensive CAR	lia Uneanda	ANE MA
	LEADING TO DEATH	(A) // //	ERICHSIVE CAIR	dir. NH2 COIL	4 DI3-101K
	(This daes not mean the made of dying heart failure, asthenia, etc. 11 means the d	liennen			
	injury ar camplication which caused death	1.)	ateriose lerosi	- 2)	
	ANTECEDENT CAUSES	(8)	AAINA MUL ITRUV	7 -	INVPS
		(0)	11/2/11/03	***********************	10 YRS.
		DUE TO	11/2/11/03-11-1		10/152
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	giving	11/2/11/2		10 / 12
1	DISEASES OR CONDITIONS, if any,	giving	11/1/2/14 050 111 05		10/10
1	DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	giving			10/10
	DISEASES OR CONDITIONS, if any, rise la the abave cause (A) static UNDERLYING CONDITION last.	giving (C)			70/10
	DISEASES OR CONDITIONS, if any, rise to the above couse (A) statis UNDERLYING CONDITION tast.	giving (C)			10/10
ATION	DISEASES OR CONDITIONS, if any, rise Ia the abave cause (A) statistics In the abave cause of conditions control of the abave or condition causing it.	giving ng the (C)  RIBUTING TO THE	20A. AUTOPSY? (Yes or No	) 208. IF YES. WERE FIN	IDINGS CONSIDERED
ATION	DISEASES OR CONDITIONS, if any, rise Ia the abave cause (A) statistical transfer of the conditions control the DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ng the (C)  RIBUTING TO THE			IDINGS CONSIDERED
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L CERTIFICATION	DISEASES OR CONDITIONS, if any, rise Ia the abave cause (A) statistics In the abave cause (A) statistics In the abave cause (A) statistics In the DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED AS PERFORMED AS PERFORMED AS CONTRIBUTING CAUSE OF	giving ng the (C)  RIBUTING TO THE  N FOR WHICH OPERATION ED  218. PLACE OF INJURY(e.g.,	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
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MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if any, rise Ia the abave cause (A) static UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Horof Injury (APPROX.)	giving ng the (C)  RIBUTING TO THE  N FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Not White At Not Work  anded the deceased from	in at about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	208. IF YES, WERE FIN IN CERTIFYING CAUS  (If in Boltimore COUR?  URY OCCUR?	IDINGS CONSIDERED ES OF DEATH?  Sity, give exact locotion)  3 - 11 19 6 an death occurred an the  38. DATE SIGNED
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VS 150-REV. 1/1/65



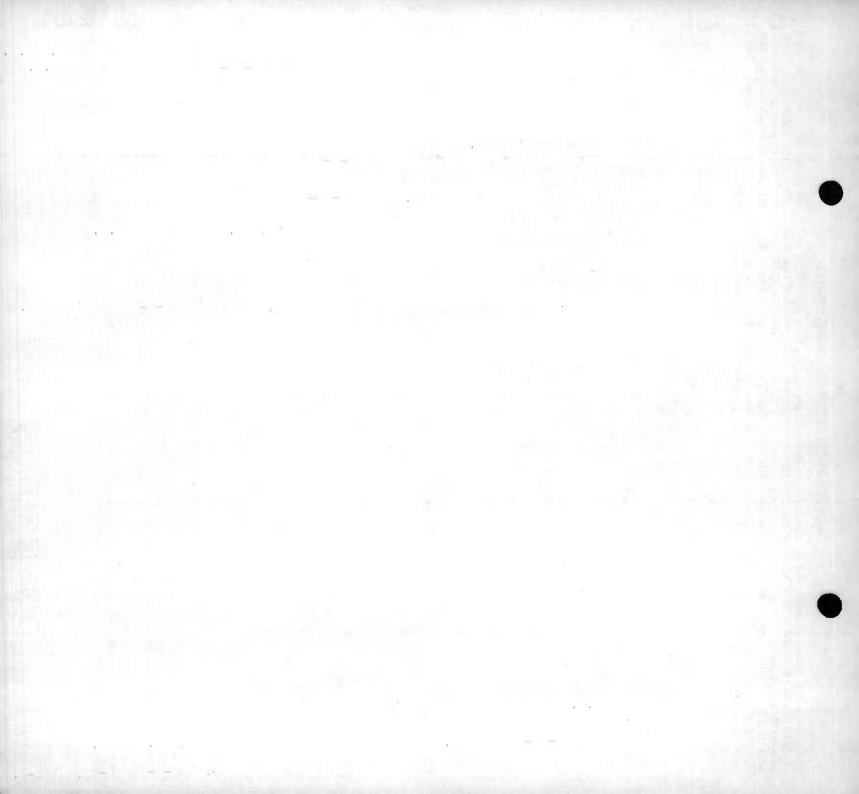
AM			0000			BALTIMORE	CITY HEA	LTH DEPARTME	NT		CF	OPIOO
000	BIRTH	NO. 65	271	13		CERTIFIC	CATE	OF DEAT	TH Regis	tered No	_60_	2703
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	3. PL/	CE OF DEA	TH IN BALTIA	ORE, MAR	YLAND	TRUCK ,	4. U	SUAL RESIDENC	E (Where deceased	d lived. II in	stitution: reside	nce belore odmission)
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to de								THE OR TOWN	7 .	mits, write	KUKAL and giv	e township)
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D O STORY	15. W	s Deceased	Ever in U. S.	Armed Forc	es?	1 6. SOCIAL	17/14	FORMANT (	o Kar fun	Fo ),	AD	DRESS
de de	4	en				715 00 000	2 9	Hornele	Reco	cale	- 6	A-FA
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	body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of ws. (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) De s. D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance eased prior to death); and (6) No physician was in regular attendance on the deceased prior to death then approval must be obtained before the remains are embalmed or final disposition is made.	(i) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (6). As at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. 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PLACE OF DEATH IN BALTIMORE MARYLAND  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME OF (If not in hospitol or institution, give street address or location)  FULL NAME (If not in hospitol or institution, give street address or location address or location address or location)  FULL NAME (If not in hospitol or institution, give street address or location)  FULL NAME (If not in hospitol or institution, give street address or location address or locatio	BRITH NO. 65.  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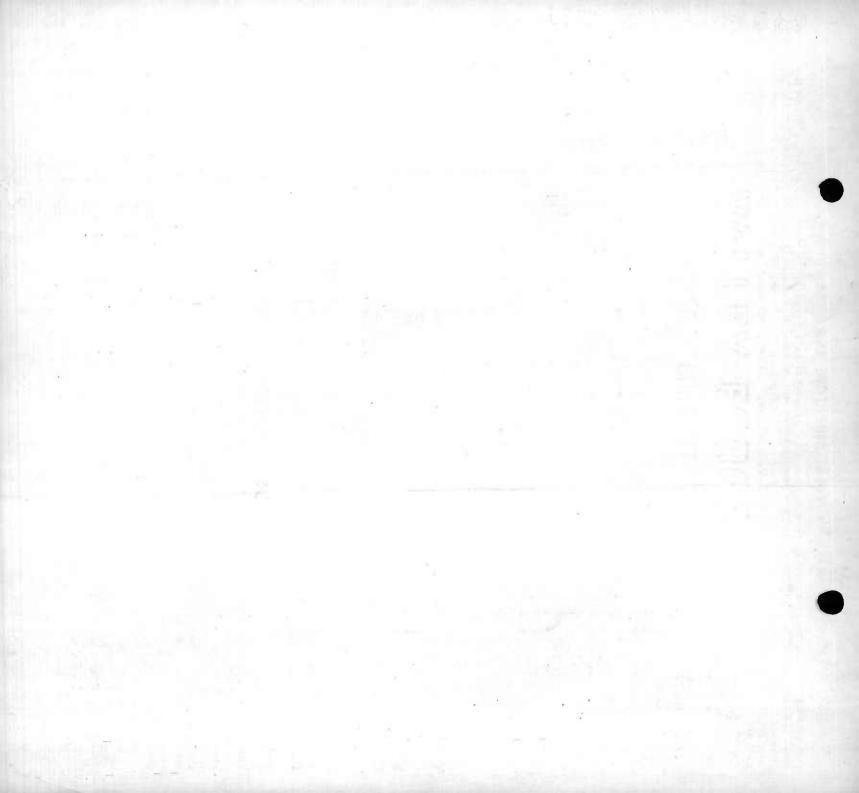
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ADDRESS (Same-PAME INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ()1 in Boltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED ADDRESS Witzke F.D. 4101 Edmondson Ave VS 150-REV, 1/1/65

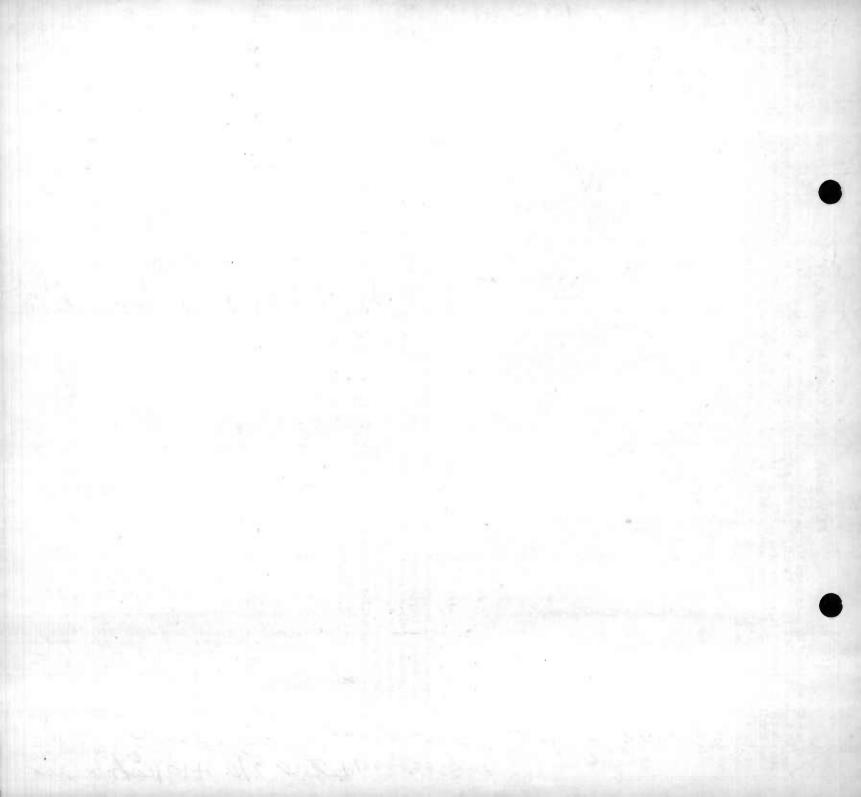
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If Under 24 Hrs.

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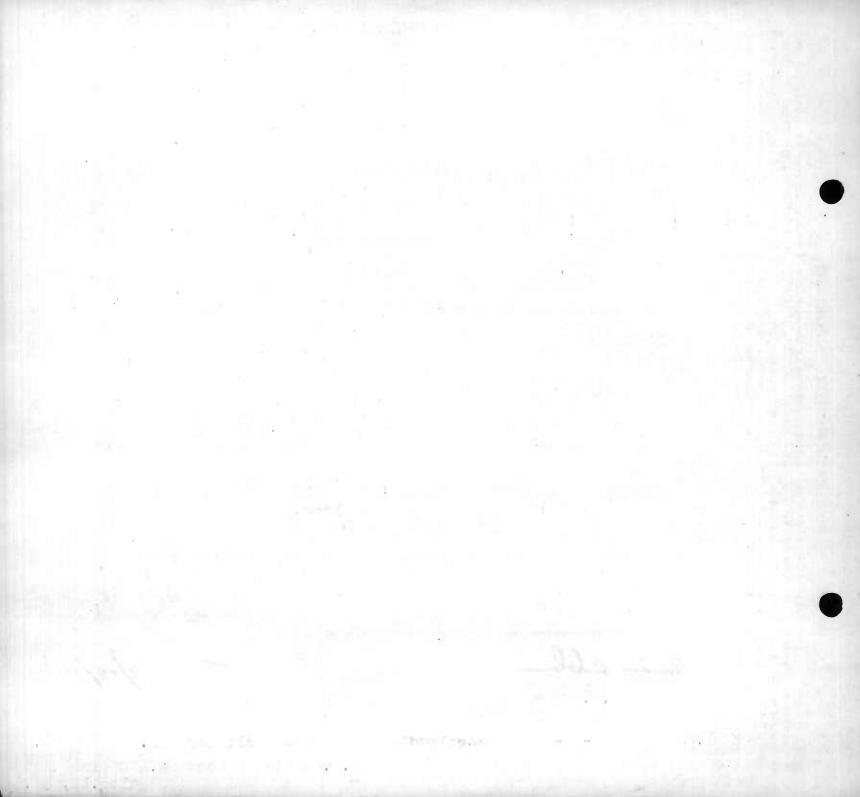
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OF OPERO	BALTIMORE CITY HE	ALTH DEPARTMENT		CE OFMO
BIRTH NO. 65 2710  M.E. CASE NO.	CERTIFICATE	OF DEATH	Registered No	65 2710
I, NAME OF DECEASED	011		HOUR OF DEATH	
NULIA GISELL		S. MARE		N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. A.	STATE 8. COUNT	Υ	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, and oddress or location)		MARYLAN	d /	10-03
INSTITUTION	C.		ide city limits, write RUI	(AL and give township)
ST. AGNES HOSPIT	D.	BALTING STREET ADDRESS (II is	urol, give location)	
SI. HYNES HOSPIT	AL	2136 WI	LKEUS A	116.
	NEVER MARRIED 8. D		. AGE (In years ost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Norths! Doys Hours! Min.
HEMALE White wi	dowed	444,1901	63	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
SEWING MACHINE OPER SL	ip COUERS.	HHUNGAR MOTHERS MAIDEN NAM	24	HUNGARY
3. FATHER'S NAME	1	MOTHER'S MAIDEN NAM	NE/	
MICHAEL LYKE		KATHER	NE Sch	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT		ADDRESS
NO NONE	218-03-6352	MATHERINE 1	HAHN 2136	Wilkens AUE.
18. 4 4 3 X 1	CAUSE OF D	EATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	14.640 No	Tingend - Gred	is - Marulda	44
(This does not mean the made of dying, e.g.,	DUE TO	tinoun - Gred	( leep	1/3
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)			00-	
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	00 000 00 00 00 00 00 00 00 00 00 00 00	
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	(C)			
II				
Z CONTRACTOR CONTRACTOR CONTRACTOR				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1218.	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
	e, form, foctory, street, office		Will bounder c	ny, give exoct loconom
<u>U</u>	INJURY OCCURRED	21F. HOW DID INJU	PY OCCUP?	
₩ OF INJURY	le At Not While	1	AT OCCOR.	
Wor	- 59	1-60	7/1	1
22. I certify that (I) (this hospital) attended the	. / ( 1		9 10 5 7 . 1	<u> </u>
that (I) (we) lost saw the deceased alive on	3-7-6		t in (my) (our) opinio	n deoth occurred on the dot
and hour ond from the couses stoted obove. (I	) (We) (did) (did nat) view	the bady ofter deoth.	lo:	B, DATE SIGNED
Horn C Strall	M.D. Attendin	Med.	Stoff -	8 12 6 V
23C.PHYSICIAN'S		ADDRESS	hys.	3-1205
NAME (Type)	REL M.D.	VICE	61100	Le CINA
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CREMA	TORY   24D, 10	CATION (City,	town, or county) (Stote)
REMOVAL (Specify)		240. 20	terry,	town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25 Ho	ward Coun	Tyma
MAR 12 1965 (P.C. 45	E Facker H.A.	25C. FUNERAL DIRECTOR	16 FUNERA	Ho ADDRESS
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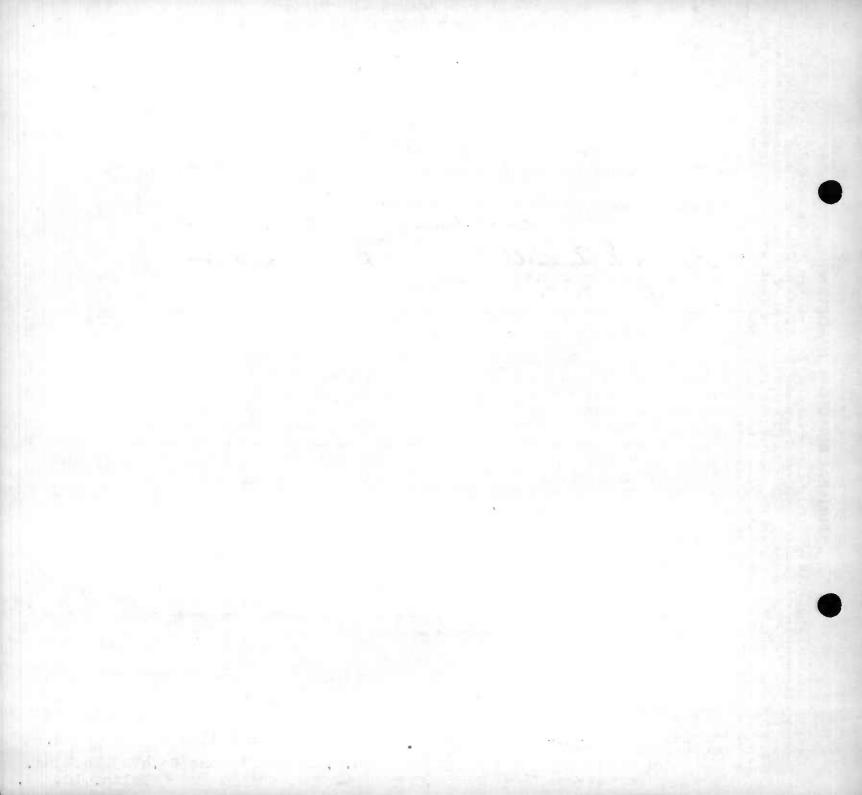
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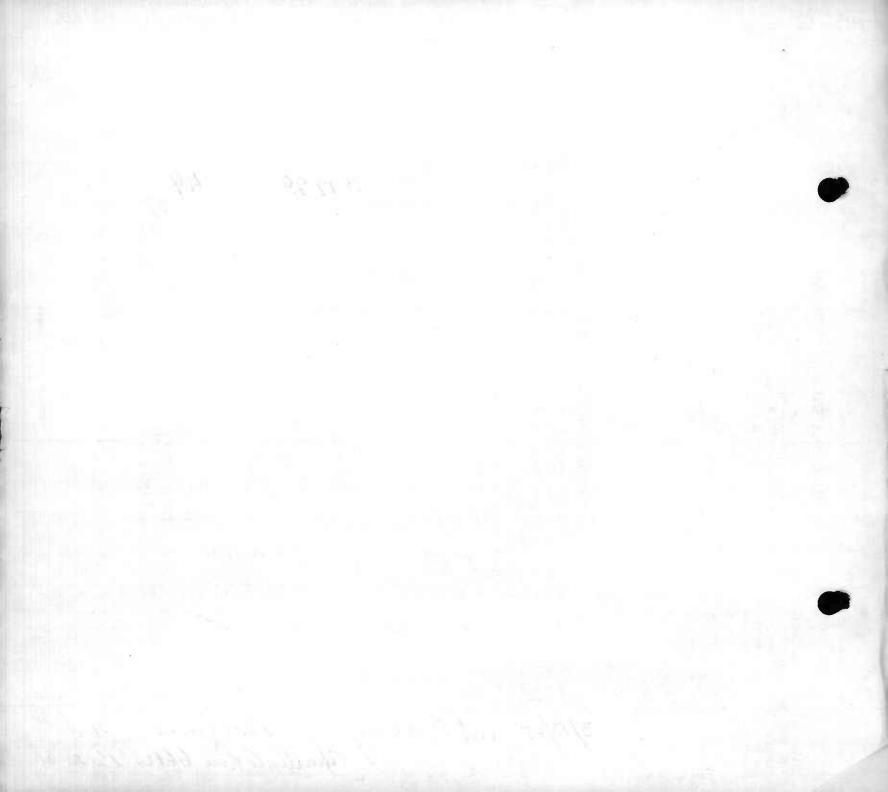
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH ASE NO. E OF DECEASED 2. DATE AND HOUR OF OFATH r Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY CF OF DEATH IN BALTIMORE MARYLAND Marulan NAME OF (If not in haspital ar institution, give street PITAL OR address or lacation) C. CITY OF TOWN (If outside city limits, write RURAL and give township) THITION Hospital & Beltimore O (If tutal, give location) lan ave 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Oays Il Under 24 Hrs. Hours WIOOWED, OIVORCED (specify) lost birthdoy) 5 UAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ring most al warking life, even if retired) USA touseurle 14. MOTHER'S MAIDEN NAME HER'S NAME Deceased Ever in U. S. Armed Farces? 17. INFORMANT 6. SOCIAL AODRESS or unknown) (If yes, give war ar dates of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH his does not mean the mode of dying, e.g., ort foilure, osthenio, etc. It meons the disease, ury or complication which coused death.) ANTECEDENT CAUSES OUF TO SEASES OR CONDITIONS, if ony, giving e to the above couse (A) stoling the NDERLYING CONDITION lost. THER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE SEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) CONTRIBUTING CAUSE OF ATH (natify medical exominer) (Month) (Day) (Year) (Hour) D. TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? INJURY While At Not While PPROX.) AT Work Work I certify that (1) (this hospital) attended the deceased from 10 march 19 65 to 11 at HT (we) last saw the deceased alive an 11 march 65 and that In() (aur) opinion death accurred an the date .19 d haur and fram the causes stated abave. (#) (We) (did) (didicat) view the bady ofter deoth. A. SIGNATURE 238 DATE SIGNED Attending Med Phy s. PHYSICIANS 23D. ADDRESS NAME-(Type) LOHEN ISA RRY URIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY (City, tawn, or county) EMOVAL (Specify) 3-15-65 Parkwood Parkville Md. AODRESS 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd. Balto..12. Md. -REV. 1/1/65



	C 194 8 8		Y HEALTH DEPARTMENT	
	H NO. 65 2714	CERTIFICA	ATE OF DEATH X Registered No.	65 2734
,NA	AME OF DECEASED		2. DATE AND HOUR OF DEATH	
урс	HOWAF	RD DAVIS	3-10-65	11:05 Am
PL	ACE OF DEATH IN BALTIMORE, A	MARYLAND	4. USUAL RESIDENCE (Whore decoosed lived, II in	stitution: residence before admission)
EI	ULL NAME OF (If not in haspit	tal ar institution, give street	PENNSYLVANIA	V-25
H	OSPITAL OR addiess or local		C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)
111			OXFORD	
	JOHNS HOPK	INS HOSPITAL	D. STREET ADDRESS (If rural, give location)	
			R.D. 2, Box 409	
. SE		7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  12-24-32  9. AGE (in yours lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
M	TALE WHITE	WIDOWED, DIVORCED (specify)	12-24-32 10°532 10°5	7,000
			Y 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF
	during most al warking life, even if retire	Petroleum Products	Oxford, Chester Co. Pa.	WHAT COUNTRY?
	Manager ATHERS NAME		14. MOTHER'S MAIDEN NAME	
	WILLIAM C. DAVI	9	ELEANOR WALTON	
5 14	Vos Doceased Ever in U. S. Armed		17. INFORMANT	ADDRESS
Yes,	no or unknown) (If yes, givo wor or d	lotos of service) SECURITY NO.		Oxford R.D. # 2
Y	les Apr. 55-Jan		Trances & Navis I	Penna Box 409
1	1B. 15 1X 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEAT	DIRECTLY	RCINOMA OF STOMACH	3 MONTHS
	(This does not mean the mode	(A)		
	heart failure, asthenia, etc. It mea	ins the disease,		
	ANTECEDENT CAUS	:FS (8)		
	DISEASES OR CONDITIONS, i	DUE TO		
	rise to the abave cause (A			
	UNDERLYING CONDITION last.		_	
7	11			
$\geq$	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE	ELATED TO THE		J. A. JOHN ST.
CA	DISEASE OR CONDITION CAUSING	G IT.  ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	WAS P	TERFORMED ABDOMEN	NO IN CERTIFYING CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING			City, give exact location)
A	OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	hame, form, factory, stroot, etc.)	office bidg., INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Yo	ar) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
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		(a)() attended the deceased from		3-10 19.65
	that (1) KwK) last saw the decea			nion death occurred an the date
1		tated above (1) (We) (did) (did/not)	view the bady ofter death.	
12	3A. SIGNATURE	()	Monding And - Suff -	238. DATE SIGNED
	Horas Ly	Throng M.D. A.	Med. Stoff Phys.	3/10/65
1	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS 5820 YORK ROAD	, ,
		INNEY, JR. M.D	The state of the s	ARYLAND
24A.	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C		ty, tawn, as county) (State)
-	Burial 3-13-	1965 Oxford Cemetery	Oxford, Cheste	er Co. Pa.
	DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
	MAR 12 196	5 Relocate Entantion 49	o to But to On Sio.	Resing Seen M.
=	ED BEV 1/1/46	4447.24.24	The second second	1 1 110

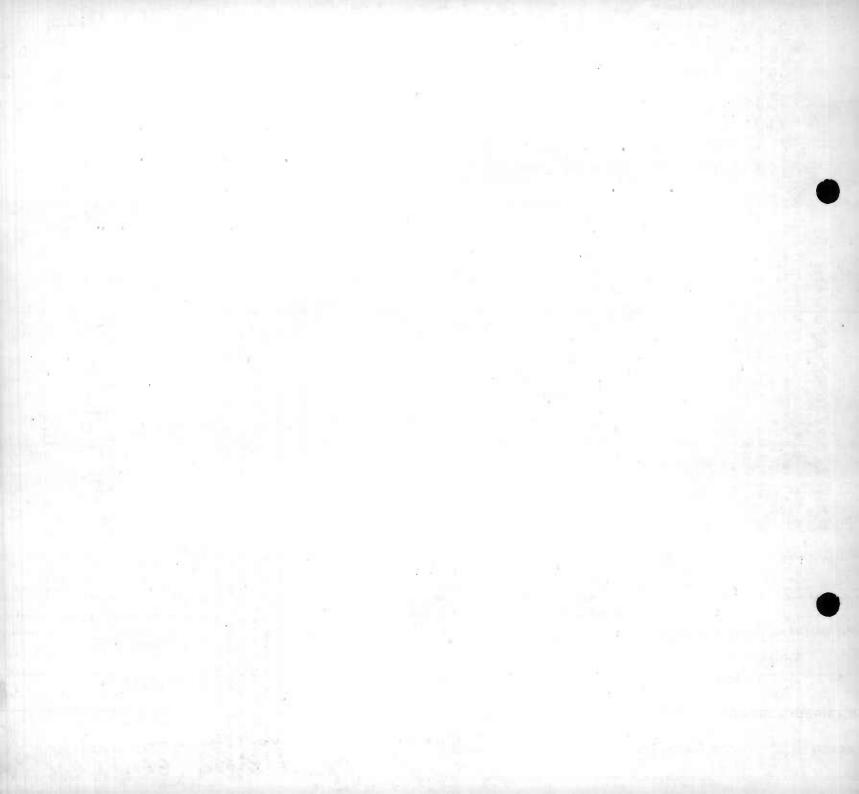
police and a children of warm and filled to a para-

1 1	1		EALTH DEPARTMENT
4 50	0 E	IRTH NO. 65 2715 CERTIFICAT	E OF DEATH Registered No. 65 2715
900	+ >	NAME OF DECEASED  Type or Print) ALLEN, ROBERT	2. DATE AND HOUR OF DEATH MARCH 11, 1965   8:00 A.M.
hospital use of (5)	-	PLACE OF DEATH IN BALTIMORE, MARYLAND	LUSUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
a hos cause se; (5)	0 0	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Md. BACTIMORE 2 2 2 2.  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
in a ng cau	attend ior to	INSTITUTION	BALTIMORE, 30.
0	L .	HIERCY HOSPILAC	645 DOVER STREET
occurre	ased m s	WIDOWED, DIVORCED (specify)	3 17 20 9. AGE (In years If Under 1 Yr. Hours Min.
death of to Co	_ 0 = .	OA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11 JONE during most of working life, even it retired)  PORTER, COOK	ALABAMA  12, CITIZEN OF WHAT COUNTRY?
= ± q (4) 0 (4)	¥+ od si	WILLIE ALLEN (DE.)	ANNIE PEOPLES (DEL.)
IMPORTANI or his assistant Also, if the dii	death ice on		OECEASEO
POR s ass any	endance o or fina	18. 203 X I CAUSE OF	DEATH INTERVAL BETWEEN ONSET AND DEATH
IMF or his Also,	ounced attenda ned or	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  (A) MUL	TIPLE MYELOMA 1 YR.
	lar o	(This does not mean the made of dying, e.g., DUETO heart failure, asthenia, etc. It means the diseose, injury ar complication which caused deoth.)	OIFFUSE
To minimite fra	0 70 0	ANTECEDENT CAUSES  (B)  DUE TO	
DIRECTOR: ical examiner al examiner. s; (3) A fractu	an wh in re	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	
J Pin	physicic an was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNERA  The chief me  By a mee  By a mee  By bu	the pysicial ethe	19A. Date of Operation 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED SPINAL COND COMPRESSION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 5-0	No ph befor	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in a contributing Cause of DEATH (notify medical examiner)	or obout 21 C. WHERE DID (If in Baltimore City, give exact location) e bldg., INJURY OCCUR?
ved by hospite nature;	xcept wh ind (6) No btained b	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?
opro the	(exce ; and	22. I certify that 10 (this hospital) attended the deceased fram that 10 (we) last saw the deceased alive on MARCH	Muary 27, 1965 to Marich 1, 1965
be ap to to to t	ital ath) st be	ond hour and fram the causes stoted obave. (1) (#6) (did) (did not) vie	w the body after deoth.
nust Jease ciden	hosp to de	23A. SIGNATURE  Attend Phys.	ding Med. Stoff Phys. Phys. Phys. Dancet Manch 11, 1965
cate I	A. at a prior	23C. PHYSICIAN'S NAME (Type) TVAN L. BUTLER, M.D.	MERCY HOSPITAL, BALTO, Md.
certificat oody was rs: (1) An	00	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM REMOVAL ((Spepify) 3/13/65 We Calve	Baltimae My (Stote)
This cer the bod shows:	A 4-	MAR 15 1965 Plant & Santa MAR 15 1965	Challe a Rice 661 W. Barrel St
		/S 150-REV. 1/1/65	

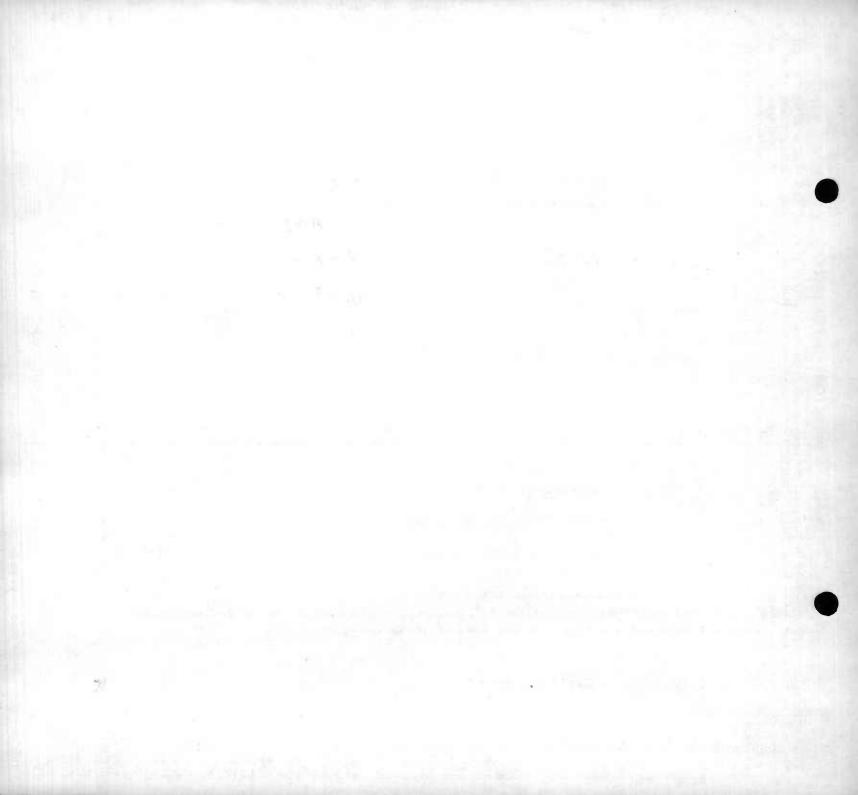


	н но. 65 2716		Y HEALTH DEPARTMENT	Registered No	65 2716
M.E.	CASE NO.  AME OF DECEASED	CERTIFICA	ATE OF DEATH	AND HOUR OF DEAT	
	Daisey	Green		2/65	
3. P	LACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (WEA, STATE	here deceased lived. If	institution: residence before od
F	ULL NAME OF (If not in hospital or	institution, give street	Maryla		2007
	OSPITAL OR oddress or location)		C. CITY OR TOWN (If	outside city limits, write	RURAL and give township),
)	Bar Wil Ba	tum Tomo	Baltim D. STREET ADDRESS	Ore	
	2101 W. Cold Spr	Ing Lane		onastery A	Ave.
5. S	EX G. RACE 7.	MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost highday)	If Under 1 Yr. If Under Months Doys Hours
10A.	USUAL OCCUPATION (Give kind of work 1)	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
UUIII	gaining most of working me, even in termed)		Maryland		U.S.A
13. F	ATHERS NAME		14. MOTHERS MAIDEN N		
	Unknown		Unkno	wn	
15. V (Yes,	Vas Deceased Ever in U. S. Armed Force no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Records		
	18. 420111		OF DEATH	^	INTERVAL BETWE
	DISEASE OR CONDITION DIRECT	CTLY	aroun	Dein	
	(This does not mean the mode of d			Jesease	3420.
	heart failure, asthenio, etc. It meons the injury or complication which coused d		(		
	ANTECEDENT CAUSES	(BI	***************************************		
	DISEASES OR CONDITIONS, if on	v. giving			
	rise to the above cause (A) s UNDERLYING CONDITION lost.	toting the (C)			
_	11				Date of
ATION	OTHER SIGNIFICANT CONDITIONS COTTO THE DEATH BUT NOT RELATE	NTRIBUTING ED TO THE			
CA	19A. DATE OF OPERATION 19B. CONDI		20A. AUTOPSY? (Yes or I	No) 20B. IF YES. WERI	FINDINGS CONSIDERED
CERTIFIC	WAS PERFO	RMED	120	IN CERTIFYING C	AUSES OF DEATH?
J. 1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
ā	OF INJURY (Month) (Doy) (Year)		21F. HOW DID IN	NJURY OCCUR?	
>	(APPROX)	While At Not Wh	ile 🗌		
-	22. I certify that (I) (this hospital)	attended the deceased fram	Jace 10	1963 to	240:12 19
	that (I) (we) last saw the deceased	alive an trav g	19.65 and	that in (my) (our) ap	inion death occurred an
	and haur and from the causes stated	d abave. (1) (We) (did) (did nat)	view the bady after death	1.	
	23A. SIGNATURE	1 0		Shelf -	238. DATE SIGNED
	Locus (1)	Seeis m M.D. Al	ys. Med. Director	Stoff Phy s.	Mar 12-6
	PRTSICIAN'S NAME (Type)		23D. ADDRESS	4,0	B. A.
211	LOUIS A JO	hneon M.D	0.	-22-4	10000 18
24A.	BURIAL CREMATION. 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	City, town, or county)
6	mual 3/16/65	Mt Calvery	1000 5111120	Balt-your	e md
23A.	MAR 1 5 1965	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	11/10	66111 ADDRESS
	11111 I 3 1000 V	5000	nunces	cerce	BOINDERIN

FUNERAL DIRECTOR: IMPORTANT

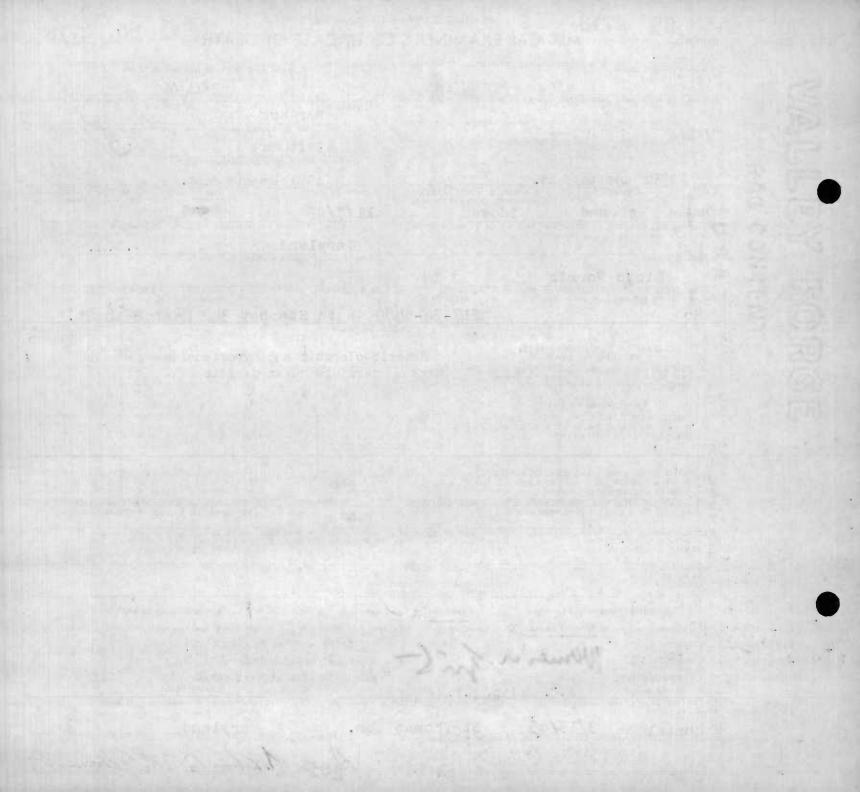


1.	E CASE NO.  NAME OF DECEASED  Caleb William W	TE OF DEATH Registered No.	940
3.	FULL NAME OF (If not in hospital or institution, give street oddress or location)  NSTITUTION  University Hospital	A. STATE B. COUNTY C. CITY OR TOWN III outside city limits, write RUI  D. STREET ADDRESS (If rurol, give location)  South Fult	RAL ond give township)
10	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	6-1-02	II Under 1 Yr. If Under Aonths Doys Hours
13	CALEB WOOD	14. MOTHER'S MAIDEN NAME  EFFIE	
15 (Y	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  SECURITY NO.	17. INFORMANT  ALICE WOOD 1012 W.	SARATOGA S
	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	of mouth	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. ALITOPEY? (Yes or No.) 20 R IF YES WEDE FIN	DINGS CONSIDERED
CAL CERTIF	OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, of etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI in or obout 21C. WHERE DID III in Boltimore Collins bidg., INJURY OCCUR?	ity, give exact location)
MEDIC	21 D. TIME   Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At   Not White At   Work At Work		
	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	on death occurred on t
24	23C. PHYSICIAN'S NAME (Type) David W. Morse Morse M.D.	Phys. Director Stoff Phys. 23D. ADDRESS  UNIVERSITY HO	spital town, or county)
24	Burial 3-16-65 Mt, aubur B. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	M Balling  [25C. FUNERAL DIRECTOR	town, or county)
23	MAR 1 5 19651 12 9 1 25 tolley 1 10		



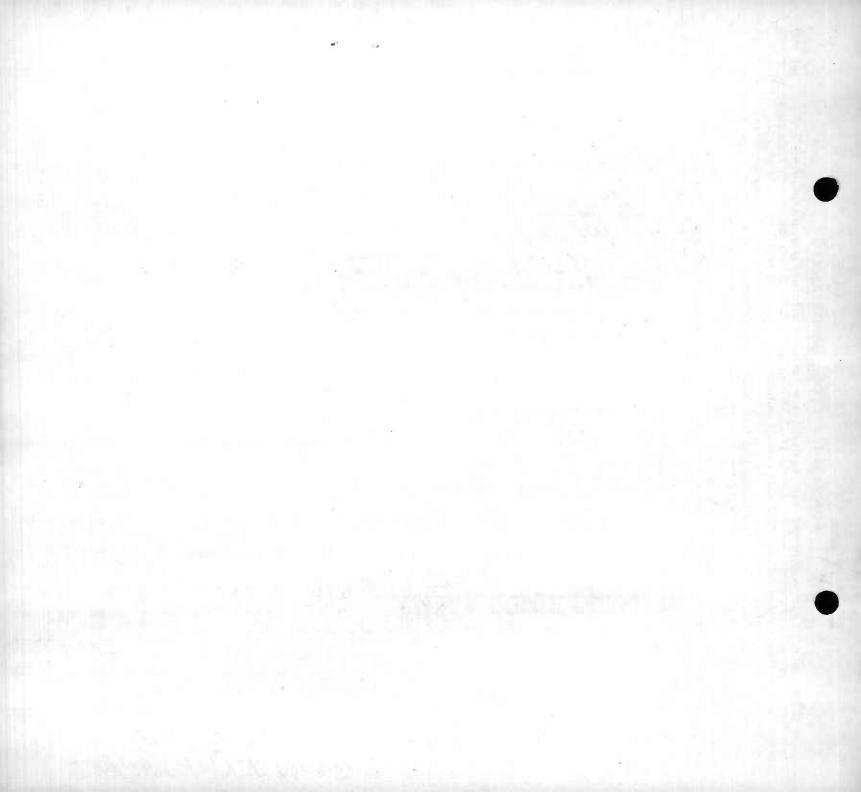
6.2	630001	
65	271	3
Na	1-12	JU.

BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICATE	OF DEATH Registe	ered No. CIIO
M.E. CASE NO.						
1. NAME OF DE (Type or Print)				2. 0	ATE AND HOUR PRONOUNC	
3. PLACE IN BAL	ID!		RRICK NCED DEAD	4. USUAL RESIDENC A. STATE	3/11/65 E(Where deceosed lived, If inst B. COU	itution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITU TION)	TION, GIVE STREET	C. CITY OR TOWN	imore	RURAL and township)
					(If rural, give location)	
1350	Homestead St			1350	Homestead St.	
female	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	11/7/05	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.
	UPATION (Give kind of work			11. BIRTHPLACE (Stote		12. CITIZEN OF
done during most of	working life, even if retired) ME			Marylan		U.S.A.
T.1	oyd Norris					
15. WAS DECEASE	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			217-34-6489	Ruth St	epney 342 Eas	t 25th St.
18. 1 24	3 Y .		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	Antoni	osolomotic :	and hypertensive	
heort foilure	not meon the mode of e, osthenio, etc. It meons emplication which caused	the disease,		cardiovascu		
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)			
RISE TO TH	NG CONDITION LAST.	ATING THE				Mark Mark Control
8			(C)		***************************************	
O THE	II  SNIFICANT CONDITIONS  DEATH BUT NOT REL  OR CONDITION CAUSING	ATED TO TH	IG HE			
19A. DATE OF		DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Ye	s or No) 208, IF YES, WERE FILL IN CERTIFYING CAU	
UNDERLYING	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. F home, etc.)	form, foctory, street, o	n or obout 21 C. WHER ffice bldg., INJURY OC	RE DID (If in Boltimore City, gi	ve exoct location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	w		WHILE	DID INJURY OCCUR?	
22. I cer	rtify that I held an I	m. W		<u></u>	at an this basis, death in n	ny apinion
resu	Ited fram: Natural cau	ses X A	ccident Suicide	Hamicide [	Undetermined manne	er 🗌
ACTUA SIGNAT	/// / / / / / / / / / / / / / / / / /	nn.	4-(-	CHIEF MEDIO	CAL EXAMINER   CAL EXAMINER	DATE SIGNED
EXAMIN NAME (	NER'S	Spitz.	M.D.		CAL EXAMINER	3/12/65
23A. BURIAL CRE REMOVAL (Specif			NAME of CEMETERY o	CREMATORY	23D. LOCATION (City,	, town, or county) (State)
Burial		24B. NAME (	OF REGISTRAR_	Cem.	Maryland	ADDRESS
	MAR 15 1965	Robert	E. Farley M.A	SKRIER	A. Kelen 1348	n. Calleren St.
VS 151-REV. 1/1/	/65	3		- 1	Ca Ta	



A. Frank J. Same Books The state of the s

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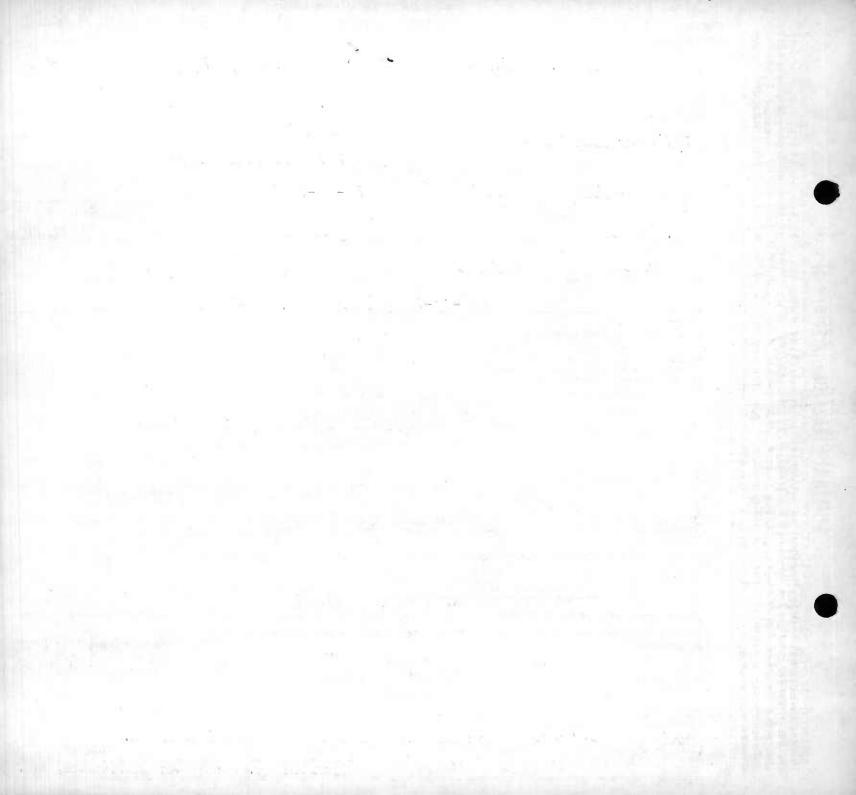


IMPORTANT

FUNERAL DIRECTOR:

		BALTIMORE CITY	HEALTH DEPARTMENT		65	97999
	гн но. 65 2722	CERTIFICA	TE OF DEATH	Registered No.	00	GIRE.
1. N	E CASE NO.		2. DATE A	ND HOUR OF DEATH		
(Typ	pe or Print) Max B. Stein	hono	Marc	4 9. 1965	1	2:40 F
. [	PLACE OF DEATH IN BALTIMORE, MARYLAND	very	4. USUAL RESIDENCE (Wh	ere deceased lived. If is	nstitution: residen	nce before odmissi
			A. STATE B. COU	NIY	フィ	) <
1	FULL NAME OF (If not in hospital or institution address or location)	, give street	C. CITY OR TOWN (If o	utside city limits, write	PUPAL and sive	Journalis)
1	NSTITUTION		01.		NORAL one give	: township)
)	3101 Northern Parkway		Baltimore D. STREET ADDRESS (II	rurol, give location)		
4	J. C. Horozata La aliang		1.4 4	ern Parkwa	11	
- 5	EX   6. RACE   7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	. If Under 24 H
	WIDQW	ED, DIVORCED (specify)	12-29-1882	lost birthdoy)	Months Doys	Hours Min,
-	male white mar	ried	1 . /	02	i i	
	e during mast of working life, even if retired)	or bosiness or indosiri	TI. BIRTHIER CE (Side of for	eigh coonny)	12. CITIZEN C	
1	Ret. Baker		Germanu			USA
š.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	Albert (toi	nberg				
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADD	DRESS
Yes	s, no or unknown) (If yes, give wor or dates of service)		77 n c	/		
		220-07-1074	Theresa P. S. F. DEATH	teinberg	sa	me
	18. 4 22, / 1	CAUSE O	F DEATH		INTER	T AND DEATH
	DISEASE OR CONDITION DIRECTLY	(7.	4-10	- 1		0
	LEADING TO DEATH (This does not mean the mode at dying, e.g.	(A) LCL	ulypulmona	ry exema	) 10-	lus/
	hearl failure, asthenia, etc. It means the diseas			1		
	injury or complication which caused death.)	(0/1)	nic myoca	LA. tis	17	
	ANTECEDENT CAUSES	DUE TO	rue-prepara	racie	1 de ys	2/
	DISEASES OR CONDITIONS, if any, givin		J. 10 71	0.1100	, , ,	
	rise to the above cause (A) stating the UNDERLYING CONDITION last,	e wrote	thoselerous (	Journa	40	
	11					
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE		2 1 1			
A .	TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING IT.	HE SOMI	Litin			
ERTIFIC,	194. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20 A. ALTOPSY? (Yes or N		FINDINGS CON	SIDERED
KIL	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH	n r
CE	21 A. ACCIDENT WAS UNDERLYING 22	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exo	ct location)
AL	DEATH (notify medical examiner)	c.)	ince orage, invoki OCCOK!			
בור	21 D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUP?		
MEDI	OF INJURY	/hile At Not Whil				
	(APPROX)	fork At Work		2.	0	9 11
	22. I certify that (I) (this located) attended	the deceased from	lug 20	1953 to //	arch	7 1900
	that (1) (we) last saw the deceased alive on	March	8 19 late and 1	hat in (my) (aug) opi	nion death oc	curred on the d
	and hour and from the causes stated above.	,				
	23A_SISNATURE	(*/ (30) (did) (de 3) V	ten line body differ death.		23 B. DATE SIG	NED
	01/12/1.0.00	M.D. Atte	ending Med.	Stoff -	The side	00 101
	N. Varvola	Phy	s. Director	Phys.	Marc	47,196
	23C. PHYLICIANS	*	23D. ADDRESS	0 0	DO	111
	H.V. HARBGL	M.D.	that Dr	allend	KUNX	1-M
4 A	BURIAL CREMATION, 248. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 240.	LOCATION (C	ity, town, or cou	nly) (State
	REMOVAL (Specify) 3/12/65 /	Jan n. 1 /	Compdan			
25 A	ownal 2 L	oudon Park (	emetery 25C. FUNERAL DIRECTO	Baltimore,		DDBECC
LJA	MAR 15 1965 258, NAME	OF REGISTRAR				DDRESS
_	TOUR GIVEN	I TE Y MONDAROLINA	1 12 onard. J	: Ruck Inc	Datter	none, ma
0	150-REV. 1/1/65					

FUNERAL DIRECTOR: IMPORTANT



	65 2723		BALTIMORE CITY	HEALTH DEPART	MENT		CE	63000000
BIRTH NO.	00 2120		CERTIFICA	TE OF DEA	HTA	Registered Na.	<del></del>	12123
M.E. CASE NO.	CEASED			2.	DATE AN	D HOUR OF DEATH		
(Type or Print)	Florence	K. D	Etmore		Mar	ch 14, 196	5	
PLACE OF D	EATH IN BALTIMORE, MA		50011101 C	4. USUAL RESIDEN	ICE (Where	e deceased lived. If in	stitution: residen	ce before odmiss
FULL NAME HOSPITAL OF			on, give street	Maryla	nd (l' out	TY sido city limits, write F	28-	41
INSTITUTION						and only mining, will o	tokat olid give	i Annomp
4313	Chatham Roa	.d		Baltimo	is (If r	urol, give location)		
		-		4313 Cha				
Female	White	WIDO		April 13,	1899	ost birthdoy) 65 Yrs.	If Under 1 Yr. Months Doys	If Under 24 Hours Min
		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or foreig	gn country)	12. CITIZEN C	
	tered Nurse			Plaine	Dan	nsylvania	U.S.	
3. FATHER'S NA				14. MOTHERS MA			0.5.	Α.
	hn Kirwin			Mary I				
5. Was Decease Yas, no or unknow No	ed Ever in U. S. Armed Fo wn) (If yes, give wor or date	rcos? es of servic	16. SOCIAL SECURITY NO.	JAMES	431;	DETTYLO	AMRE	DE22
1B. 1.6	5 1		CAUSE O		-		INTER	VAL BETWEEN
10	ASE OR CONDITION DI	DECTIV	0				ONSE	T AND DEATH
Dise	LEADING TO DEATH	RECILI	m	1:	Cot-	1 . 1 -to sa	42: i	n-un
	nal meon the made of		.g., DUE TO	wignerry	4000	~ metass	mise /	
	e, aslhenia, etc. Il means amplication which caused		se,	/ /				,
injury at co	ANTECEDENT CAUSES		(R)					
D100 4 000			DUE TO	~~~				
	OR CONDITIONS, if the obave cause (A)							
	NG CONDITION last.		( )			m0 m 0 0 0 0 0 m m0 m 0 m 0 m m m m m m		8.40 00 \$44440 = 4 00 00 00 00 00 b
	- 11							-
E TO THE	NIFICANT CONDITIONS ( DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO	THE		4			
	OF OPERATION 198, COM	IDITION FO	OR WHICH OPERATION	20A. AUTOPSY?	Yes or No)	20B. IF YES, WERE I	FINDINGS CON USES OF DEATH	SIDERED 1?
OR CONTRI	BUTING CAUSE OF		218. PLACE OF INJURY (o.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHEI fice bldg., INJURY O	RE DID CCUR?	(If in Boltimoro	City, give exo	ct locotion)
21D. TIME	(Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED	21 F. HOW	DID INJU	JRY OCCUR?		
OF INJURY			White At Not While	• 🗇				
			Work At Work	700	,	(		//
22. I certif	fy that (1) (this haspita	l) attende	d the deceased fram				mil)	Y 19 Gd
that (1) (we	e) last saw the deceas	ed alive a	n man	14 1961	and the	it In(my) ( <del>our)</del> apl	nion death ac	curred an the
and hour a	and from the causes sta	ted above	. (1) (We) (dld) ( <del>did not)</del> v	iew the bady afte	r death.	4 15 4		
23A. SIGNAT	TURE A.						23 B. DATE SIG	NED
	Matharb 1	1000	M.D. Atto	onding Mod		Stoff	marca	14 161-
23C. PHYSIC	IANES	, will	Phy	S. Diroc	101	Phys.	mark	11/26
NAME	(Type) NATHAN	E. N	EFOLE M.D.	4215-6	Park,	Hy to Pon	hald	0.15 M
4A. BURIAL CE		240	NAME OF CEMETERY OF CRE	MATORY	24D, LC	CATION (C)	ly, town, or cou	nty) (Stot
Burial	3/17/6	5 04	Manuta Carre	to===	TT-	0770 F M	-1.:.	
	D BY HEALTH DEPT.	~	. Mary's Ceme	25C. FUNERAL		over Town	snip, Pe	ennsylvai DDRESS
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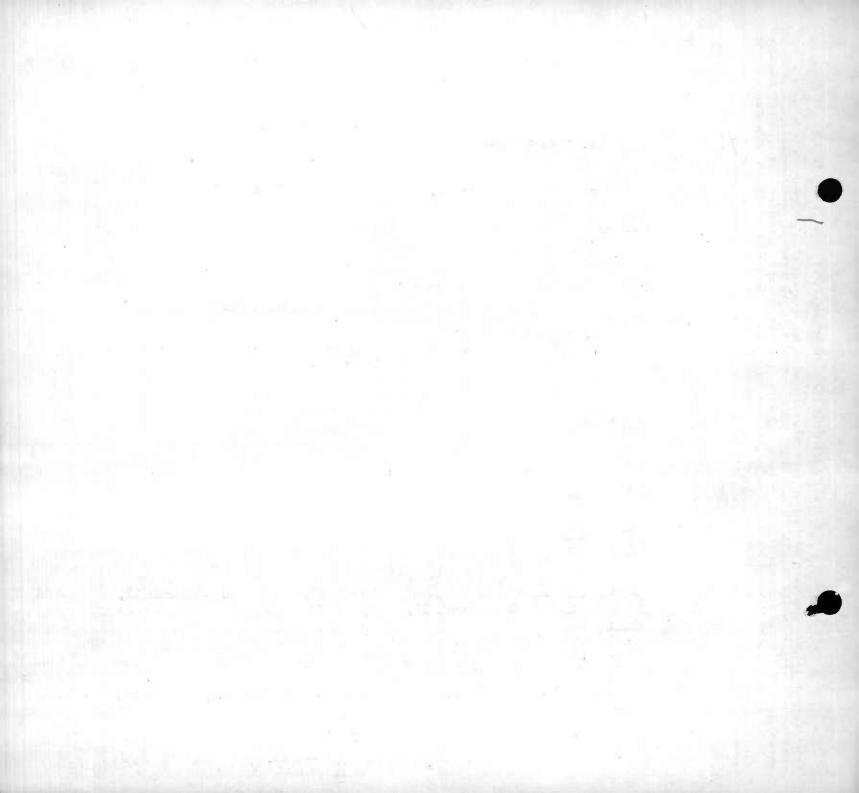
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1.1	E CASE NO.	EASED			2. DATI	AND HOUR OF DEA	тн
	pe or Print)	Sco	tt, Faye	tta	Me	rch 11, 1965	5
	FULL NAME OF HOSPITAL OR	F (If not in hospito oddress or locati	l or institution,	give street	Maryland B. C.	OUNTY	If institution: residence be
		St. Jose	eph Hosp	ital	Baltimore 2] D. STREET ADDRESS 1719 N. Wash	(If rural, give lacation)	
5.	SEX	6. RACE	7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Months: Doys Ho
	emale	Negro	Ma	arried.	March 15, 19	14 50	12. CITIZEN OF
	e during most of v	working life, even if retired)		DOSINESS OF INDUSTRI			WHAT COUNT
12	Home	maker			South Caroli		USA.
1	Zward	Living st	m		MAMIE	Hay 9ES	
		Ever in U. S. Armed Fo	orces? tes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No.			p-100	CELIA L. Co	usins 961	1 NL ROSE dA
	1	aplication which cause ANTECEDENT CAUSE OR CONDITIONS, if	S	(B)	and fresh ant infarcts.		
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	65 9795	BALTIMORE CITY	HEALTH DEPARTMENT		CE OMO
	TH NO. OU GIRU	CERTIFICA	TE OF DEATH	Registered Na.	65 2725
1. N	AME OF DECEASED			HOUR OF DEATH	_
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	eorge (	4. USUAL RESIDENCE (When	deceosed lived. If inst	10,50 p N
H	FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) NSTITUTION	ve street	Md	side city limits, write RU	JRAL and give township)
	Church Home & K	tosp.		urol, give location)	
			-	et St	
s. s	M. W. Mar	DIVORCED (pocify)	6-18-07	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
E	Beth Steel Enge	neer	14 a		USA
13.	FATHERS NAME	·ll	14. MOTHERS MAIDEN NAM	1.4	uned
15. Yes	Was Deceased Ever in U. S. Armed Forces? Sono or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. JNFORMANT	0 - 00	ADDRESS
	1/6 -	215070169	mildred	Reddel	- about
	18.420,11	CAUSÉ O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	110	0 7. 2	0 -10
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	y o consor	e vuge	notion I day
	injury or camplication which caused death.)		M	. 01	
	ANTECEDENT CAUSES	DUE TO	non any in	sufficien	- Wy
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)	AS4D.		
	UNDERLYING CONDITION last.	10/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
RTIFICA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WIWAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING 21 B. P	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF home, etc.)	, torm, toctory, street, of	fice bldg., INJURY OCCUR?		
MEDIC	OF INJURY	INJURY OCCURRED	21 F. HOW DID INJ	JRY OCCUR?	
2	(APPROX.) While	Nal While	e 🗌		
	22. I certify that (I) (this haspital) attended the	e deceased from	3 - 9 - 6 5 1	9ta3	- 1 + 6 5 19
	that (1) (we) last saw the deceased alive an	3-11-65	19and the	it in (my) (aur) apln	Ion death occurred on the dat
	and haur and fram the couses stated abave. (1)	(We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE	P a M.D. Atte	ending Med.	Stoff S	23B, DATE SIGNED
	Contone sorra	Phy:	s. Director	Phys.	3/11/65
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	1.1-1. 0.	Minal
244	BURIAL CREMATION 24B. DATE 124C. NAI	ME OF CEMETERY OF COM	Church 1	CATION (City	, lown, or county (Stote)
-70	REMOVAL (Special)	as Pourite	a Pan	Xoren	, town, or county
15A	A. DATE REC'D BY HEALTH DEPT.   258. NAME OF	REGISTRAR	2SC. FUNERAL PHRECTON	No.	ADDRESS:
	MAR 15 1965 Robert	E tarkey!	John to Con	way for	agrees > 1
VS	150-REV-1/1/65		1/2 100		Sallo, May

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IMPORTAN

DIRECTOR:

FUNERAL

FULL NAME OF MISTITUTION  ST AGNES HOSPITAL  L29 GREENLOW RD.  ACT OF BURN (If road, give location) address or location) by order of the property of the p	FUL NAME OF MISTITUTION  ST AGNES HOSPITAL  ST AGNES HOSPITAL  S. SEK  FEMALE  MIDDWED, DIVORCED layers of the property of the	of death of death ce on the	1. N./ (Type	CASE NO. O	NO	RMILE		BABY	GIRL	MARC		1965	
S. SEK B. BACE T. MARRIED. NEVER MARRIED. DATE OF BIRTH MARCH 11, 1965 windows MARCH 11, 19	S SEK   SACE   NAMERIED, NEVER MARKED   NO DIVORCED (Specify)   NAMERIED   NAMERIED   NAMERIED   NO DIVORCED (Specify)   NAMERIED	use; (5) endan to de	FI	ULL NAME OF OSPITAL OR ISTITUTION	(If not in oddress	hospitol or i	institution, g		C. CITY OR BAI	TOWN (If outs	ide city limits, write  2 1 -	e RURAL ond	give lownship)
13. FATHERS NAME  RICHARD H. NORMILE  RICHARD H. NORMILE  SECURITY NO.  TO SECURITY NO.  SECURITY NO.  TO SECURITY NO.  SECURITY NO.  SECURITY NO.  TO SECURITY NO.  SECURITY NO.  TO SECURITY NO.  SECURITY NO.  TO SECURITY NO.  SECURITY NO.  SECURITY NO.  TO SECURITY NO.  SECURITY NO.  TO AGNES HOSPITAL CATON & WILKENS  TO SOCIAL  INTERVAL BETWEE ONSET AND DEA  INTERVAL	13. FATHER'S NAME  RICHARD H. NORMILE  RICHARD H. NORMILE  SECURITY NO.  SECURITY NO.  SECURITY NO.  SECURITY NO.  STAGNES HOSPITAL CATON & WILKENS  SECURITY NO.  STAGNES HOSPITAL CATON & WILKENS  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not mean the mode oil dying, e.p., then the faile of the obove couse (A) sloling the UNDERLYING CONDITIONS, if any, giving itse to the obove couse (A) sloling the UNDERLYING CONDITION Isst.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the obove couse (A) sloling the UNDERLYING CONDITION Isst.  TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASES OR CONDITION SCONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTIBBUTING TO THE DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CONTIBBUTING CONDITIONS CONTIBBUTING CONDITIONS CONTIBBUTING CONTIDENT OR CONTINGUENCE CONTINGUENC	contribu	10A,	FEMALE	WHITE PATION (Give ki	ind of work 10	WIDOWED	, DIVORCED (specif	B. DATE OF MARC	BIRTH H 11,196	AGE (In years	12. CITIZE	N OF
Tes, no or unknown] (If yes, give wor of dotes of service)  STAGNES HOSPITAL CATON & WILKENS  STAGNES HOSPITAL CATON & WILKENS  STAGNES HOSPITAL CATON & WILKENS  CAUSE OF DEATH  INTERVAL BETWEE ONSET AND DEATH  (This does not meen the mode of dying, heart failure, astherin, etc. It means the diseases, injury of complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the obove couse (A) stoling the UNDERLYING CONDITION lost.  III  OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING!  OF A COLUMN WAS PERSONNED  OF A COLUMN WAS PERSONNED  OF A COLUMN WAS UNDERLYING OF DEATH WAS PERSONNED  OF A COLUMN WAS UNDERLYING OF DEATH WAS PERSONNED  OF A COLUMN WAS UNDERLYING OF DEATH WAS UNDERLYING OF DEATH (Month) (Doy) (Year) MARCH TO THE DEATH (Month) (Doy) (Year) OF DEATH (Month) (Doy) (Year) OF DEATH (Month) (Doy) (Year) OF DEATH (APPROX.)  OF A COLUMN WAS UNDERLYING OF DEATH (Month) (Doy) (Year) (How) DISEASE OF DEATH (APPROX.)  OF A COLUMN WAS UNDERLYING OF DEATH (Month) (Doy) (Year) (How) DISEASE OF DEATH (APPROX.)  OF A COLUMN WAS UNDERLYING OF DEATH (Month) (Doy) (Year) (How) DISEASE OF DEATH (APPROX.)  OF A COLUMN WAS UNDERLYING OF DEATH (Month) (Doy) (Year) (How) DISEASE OF DEATH (Month) (Doy) (Year) (How) DISEASE OF DEATH (APPROX.)  OF A COLUMN WAS UNDERLYING OF DEATH (Month) (Doy) (Year) (How) DISEASE OF DEATH (Month) (Doy) (Year) (How) DISEASE OF DEATH (MONTH) (M	Test, no or unknown (III yes, give wer or deles of service)  STAGNES HOSPITAL CATON & WILKENS  III.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head failure, esthenia, etc. It means the disease, injury or complication which caused doesn.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving is to the obove couse (A) stoling the UNDERLING CONDITIONS CONTRIBUTING TO THE DEATH surt NOT RELATED TO THE DEATH surt NOT RELATED TO THE DEATH surt NOT STATED TO THE DE	way	13. F			H. N	'ORMi	LE	14. MOTHER				
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19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) on CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) on CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJURY OCCUR?   21B. PLACE OF INJURY O	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   WAS PERFORMED   WAS PERFORME	. DOL 0		heart failure, a	sthenia, etc.	it meons th	e diseose,	DUPTO	Polonout	to at 18	1. (be be 60	alultin	/
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   CAUSE OF   DEATH (notify medical examinet)   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   (If in Boltimore City, give exact location)   Not While   Not While   Not While   Not While   Not While   Not Work   Not While   Not Work   No	21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Approx.)  21D. TIME (Approx.)  21D. TIME (Approx.)  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attended the deceased from MARCH  22L I certify that (I) (this hospital) attende	ical examirus; (3) A fi sician who was in reg		heart failure, a injury or comp  A  DISEASES OR itse to the UNDERLYING  OTHER SIGNIFITO THE DE.	isthenia, etc. ( licotion which NTECEDENT R CONDITION Obove cou CONDITION II CANT CONDI	It means the caused de CAUSES  NS, if any se (A) st lost.	e disease, eath.)  y, giving oling the	(C)	)	yr û 50 a û vermi <b>dê B</b> y <b>t</b> ÎNÊN û û aparasasa	·		
While At Work	OF INJURY (APPROX.)  While At Work  Not While At Work  22. I certify that (I) (this hospital) attended the deceased fram MARCH  that (I) (we) last saw the deceased alive an MARCH  That (I) (we) last saw the deceased alive an MARCH  and hour and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Med.  23C. PHYSICIAN'S NAME (Type)  M.D. Attending Med.  Director Phys.  23C. PHYSICIAN'S NAME (Type)  M.D. Attending Med.  Director Phys.  23D. ADDRESS NAME (Type)  24D. LOCATION (City, town) or county)  (City, town) or county)	medical examy burns; (3) A fin physician who ian was in reger enamins are enaminated are e	RTIFICATION	heart failure, a injury or comp  A DISEASES OF tise to the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OF C. 19A. DATE OF C.	ISTANCE OF THE PROPERTY OF T	It meons the caused de CAUSES  NS, if any se (A) st lost.  ITIONS CON OT RELATE AUSING IT.  198. CONDITWAS PERFORMAN	e disease,  y, giving loting the  NTRIBUTING D TO THE	(C)	)		<u> </u>		
that (I) (we) last saw the deceased alive an MARCH 11 19 65 and that in (my) (our) apinian death accurred on to the course system and hour and fram the causes system above. (I) (We) (did) (did nat) view the bady after death.  27A. SIGNATURE  23B. DATE SIGNED  Phys.  Attending Med. Phys.  Director Phys.	that (I) (we) last saw the deceased alive an MARCH 1 19.05 and that in (my) (our) apinian death accurred on to and hour and fram the causes systed abave. (I) (We) (did) (did nat) view the bady after death.  27A. SIGNATURE  27A. BURIAL CREMATION, 24B. DATE	y a medical exami Body burns; (3) A fi the physician who hysician was in reg re the remains are	CAL CERTIFICATION	DISEASES OF CONTRIBUTION OF CO	ISTANCE OF THE PROPERTY OF THE	It means the caused de CAUSES  NS, if any use (A) st lost.  ITIONS CON OT RELATE AUSING IT.  179B. CONDIT WAS PERFOR	e discose, coth.)  y, giving the cother than t	(C)  (C)  WHICH OPERATION  PLACE OF INJURY	20A. AUT	OPSY? (Yes or No)	20B. IF YES, WER	E FINDINGS C	CONSIDERED ATH?
	NAME (Type)	spital by a medical examinate (2) Body burns; (3) A function who hysician was in regard before the remains are expensed.	MEDICAL CERTIFICATION	heart failure, a injury or comp  A  DISEASES OF tise to the UNDERLYING  OTHER SIGNIFITO THE DE. DISEASE OR CO. 19. A. A. C. IDENIOR CONTRIBUT DEATH (notify to 17. ITME OF INJURY)	ISTREMENT OF THE PROPERTY OF T	It means the caused de CAUSES  NS, if any se (A) st lost.  ITIONS CON OT RELATE AUSING IT.  198. CONDIT WAS PERFORE TREVING TO FEED TO FEED TE CONDIT TO FEE	e diseose, polh.)  y, giving loting the  NTRIBUTING D TO THE MON FOR W RMED  218, hometc.)  Hour)  21E, Whil	(C)  CC)  WHICH OPERATION  PLACE OF INJURY e, form, foctory, stree  INJURY OCCURRET	e.g., in or obout 21 Cet, office bldg., INJ	OPSY? (Yes or No)  WHERE DID URY OCCUR?	20B, IF YES, WER IN CERTIFYING C	E FINDINGS C AUSES OF DE lore City, give	CONSIDERED A A TH?

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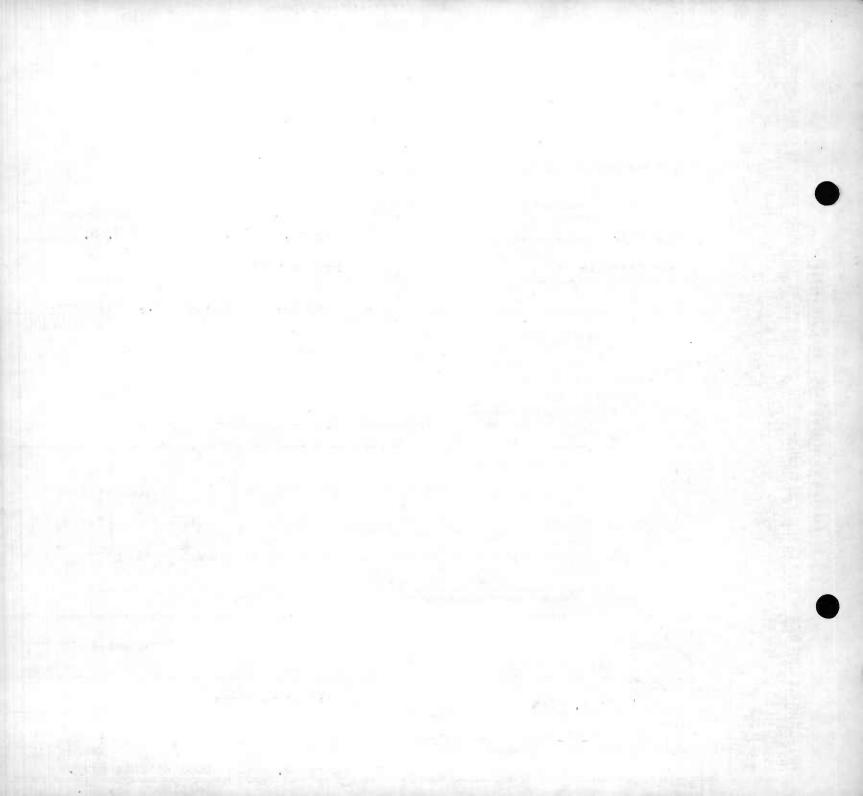
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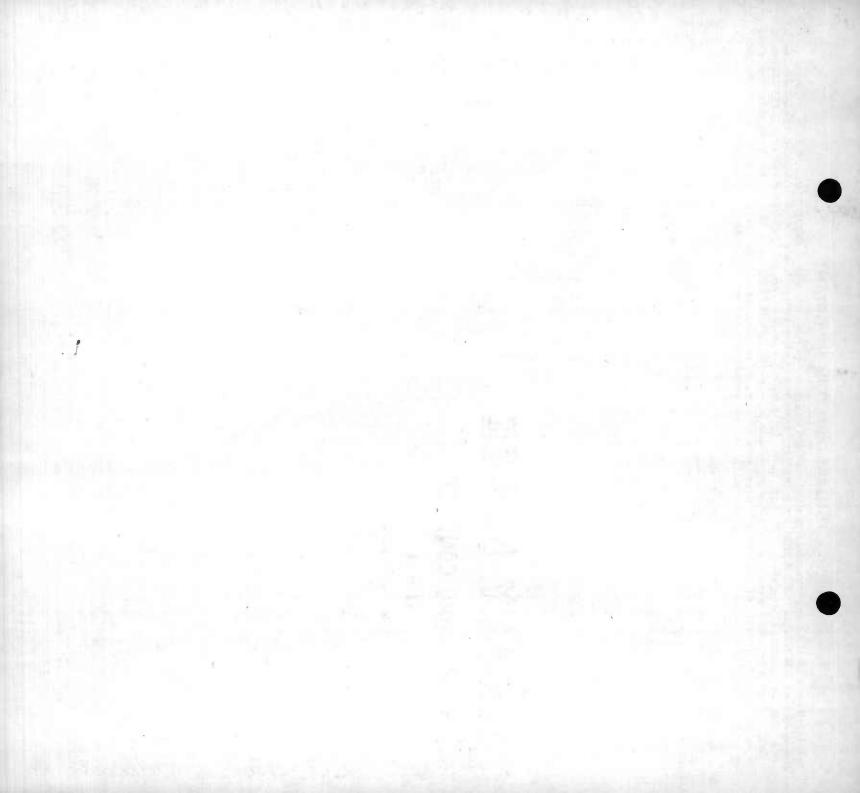
	or origo	BALTIMORE CITY HEAL	LTH DEPARTMENT		65 2728
	rh No. 65 2728	CERTIFICATE	OF DEATH	Registered Na	00 151120
	E CASE NO.		2. DATE AN	D HOUR OF DEATH	
(Typ	pe or Print) Hannah M. Two.	nou	3-4-	65-	200 A
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	[4. U	SUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admiss
		/ IA. ST	TATE B. COUN	7	m / m
-	FULL NAME OF (If not in hospital or institution, give st	reet //,	Daryland.	1	0700
	HOSPITAL OR oddress or location) NSTITUTION	c. c	TITY OF TOWN (If out	side city limits, write l	RURAL ond give township)
2		/	Saltimore		
6	Ake Drive Nursing	stome D. SI	A : /	urol, give locotion)	
		1/7	117 Clarks	son I.	
5. 5	6. RACE 7. MARRIED, NEVE WIDOWED, DIV	R MARRIED 8. DA	TE OF BIRTH	ost birthdoy)	Months Doys Hours Min
1	Emple White Wido	ORCED (Specify)	1-4-91	ost olingoy)	Total Doy's Floors
10A	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSH	1000		in country)	12. CITIZEN OF
don	e during most of working life, even if retired)				WHAT COUNTRY?
	Housewife FATHER'S NAME	J	Limerick, Ire	land	U. S.
13.	FATHER'S NAME	14. M	NOTHER'S MAIDEN NAM	A E	
	John Costello		Mary McGrail		
15.	Was Deceased Ever in U. S. Armed Forces? 16.50		FORMANT		ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dates of service)	ECURITY NO.		100 30	
	No		nn Twomey, 42	ll Doris Av	e., Baltimore 25
	18. 231X	CAUSE OF DEA			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	a a		0 1	The Property of the Party of th
	LEADING TO DEATH	(A) Cerebi	rovercula	ulest-	sev gen
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUETO	moore	20 12	
	injury or complication which coused death.)		18 Color	NUS	
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, it ony, giving	DUE TO			
	rise to the obove couse (A) stoling the	(C)			
	UNDERLYING CONDITION lost.				
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				A STATE OF THE STA
ATIO	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION 20	A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	O-		no		
0	OR CONTRIBUTING CAUSE OF home for	E OF INJURY (e.g., in or ob m, foctory, street, office blo	dg, INJURY OCCUR?	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	USE THE STATE OF			
ā	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJU	RY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
×	OF INJURY While At				
	Work	At Work		4	
	22. I certify that (I) (this hospital) attended the de-	ceased fram	2/15	963 10 31	9 1960
	that (I) (we) last saw the deceased alive an	318	19 6 5 and the	it in (my) (aur) api	nion death accurred on the
	and have and from the causes stated above. (1) (We	. //			
	23A. SIGNATURE	, 17.47 (did 1101) VIGW 11	sour uner deuth.		23B. DATE SIGNED
	Land Rhungan	M.D. Attending	Med.	Stoff	2/0//-
	rally brum Tives	Phys.	Director	Phy s.	3/1/65
	23C. PHYSICIAN'S NAME (Type)	23D. A	DDRESS		
	Louis V. Blum	M.D.	2310 Eutaw 1	Place	
244		CEMETERY OF CREMATO			ty, town, or county) (Stat
	REMOVAL (Specify)		275. [0	(6)	.,, wii, or coomy, (3101
	Burial 3-12-1965 New Ca	athedral Cemet	tery	Baltimore,	Maryland
25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	HSTRAR 25	C. FUNERAL DIRECTOR		ADDRESS
	MAR 15 1965 02 20 5 8 1	tacker Mil	George J. Go	nce 4001 R	itchie Hgwy.
274	150-REV. 1/1/65		6 / 0 9		ore 25, Md.
A 3					



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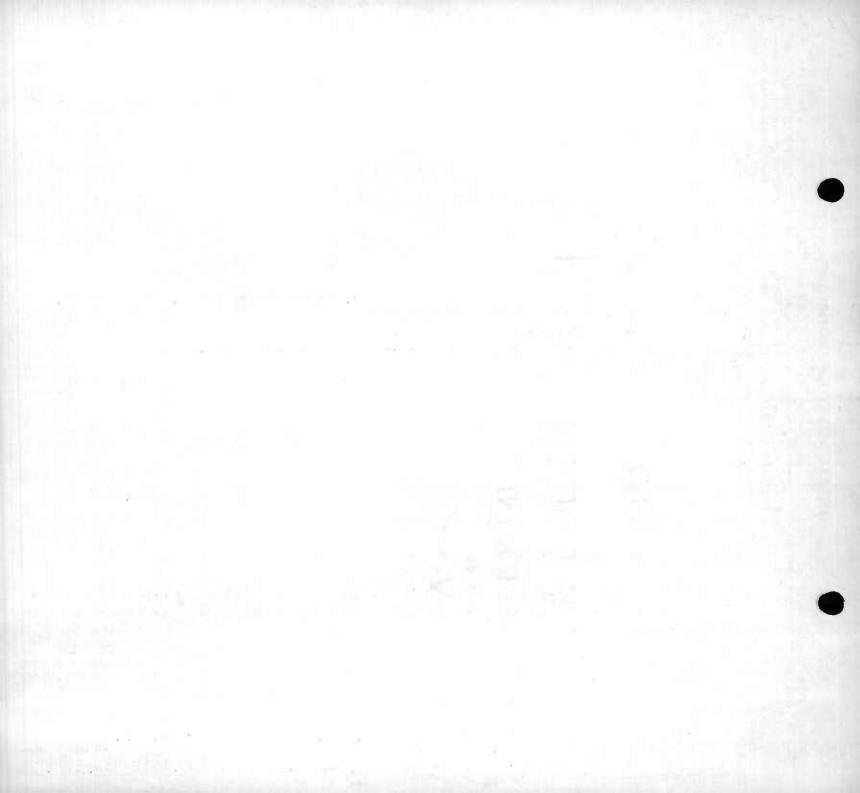


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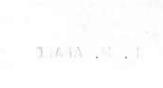
FUNERAL

VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 65 2732  CERTIFICATE OF DEATH  Registered No. 65  M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence bell a. STATE  B. COUNTY  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give street oddress or locotion)  FULL NAME OF (If not in hospitol or institution, give s
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence bela. STATE  B. COUNTY  4. USUAL RESIDENCE (Where deceased lived, If institution: residence bela. STATE  B. COUNTY  MOSPITAL OR  INSTITUTION  C. CITY OR JOWN (If outside city limits, write RURAL and give town)  Baltimore  C. STREET ADDRESS (If find, give lacotion)  D. STREET ADDRESS (If find, give lacotion)  S. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yi., III widows)  WIDOWED, DIVORCED (specify)  Months: Doys Hould be the property of the pro
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence bell a. STATE  B. COUNTY  Manyland  C. CITY OR JOWN (If outside city limits, write RURAL and give town:  Baltimore  D. STREET ADDRESS (If this, give location)  S. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  B. DATE OF BIRTH  9. AGE (in years If Under 1 Yi., II lost birthdoy)  Months: Doys Ho
FULL NAME OF HOSPITAL OR Oddress or location)  Union Memorial Hospital  Baltimore  C. CITY OR DOWN (If outside city limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS (If this, give location)  2816  C. CITY OR DOWN  (If outside city limits, write RURAL and give town)  C. CITY OR DOWN  (If outside city limits, write RURAL and give town)  C. CITY OR DOWN  (If outside city limits, write RURAL and give town)  C. CITY OR DOWN  (If outside city limits, write RURAL and give town)  C. CITY OR DOWN  (If outside city limits, write RURAL and give town)  C. CITY OR DOWN  (If outside city limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS  (If this, give location)  2816  (If outside city limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS  (If outside city limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS  (If outside city limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS  (If outside city limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS  (If outside city limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS  (If outside city limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS  (If outside city limits, write RURAL and give town)
HOSPITAL OR INSTITUTION  C. CITY OR DOWN (If outside city limits, write RURAL and give town:  Baltimere att.  D. STREET ADDRESS (If third, give location)  28 16 Course Ave.  S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCED (specify)
Union Memorial Hospital Baltimore.  Baltimore aty  D. STREET ADDRESS (If fire), give location)  2816 Lower Ave  S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months; Days How
Conien l'emoner Hoff du Baltimere. D. STREET ADDRESS (If froi, give locotion)  2816 Conude Ave  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) Months; Doys Hol
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yi., II WIDOWED, DIVORCED (specify) / I lost birthdoy Months: Doys Hou
WIDOWED, DIVORCED (specify)   I lost birthdoy)   Months: Doys   Hou
WIDOWED, DIVORCED (specify)   liost binndoy/ [Months; Doys : No.
female windowed 5/25/84 80 yrs
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNT
Retired Baltimare 40 Han
13. FATHER'S NAME
Frank Berger Emma Khuse
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO.  NO Harry Lee Weisman Jr. 2816 Louise Ave
DISEASE OF CONDITION DIRECTLY CONSET AN
LEADING TO DEATH De Ancuryson - abdaninal Ark
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES
injury or complication which caused death.)
Dist. 70
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
UNDERLYING CONDITION lost.
_
2 TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDER
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDER IN CERTIFYING CAUSES OF DEATH?
O 21A. A CIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout/21C. WHERE DID (If if Boltimore City, give exact local control of the bloom for blo
DEATH (notify medical examiner)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.)  While At Not While Not Work  At Work
22. I certify that (1) (this hospital) attended the deceased from 3.110 1965 to 31.11
that (1) (we) last sow the deceased alive on 3 11 19 61 and that in (my) (our) opinion death accurre
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.
23A. SIGNATURE
M.D. Attending Med. Director Phys. 3 11/6
NAME (Type) K. M. ANANDAND M.D. Venan Memoria Holpin
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)
Burial 3/13/65 Loudon Park Cemetery Baltimore Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 23C. FUNERAL DIRECTOR FUNERAL Home, Inc. ADDRE
V\$ 150-REV. 1/1/65

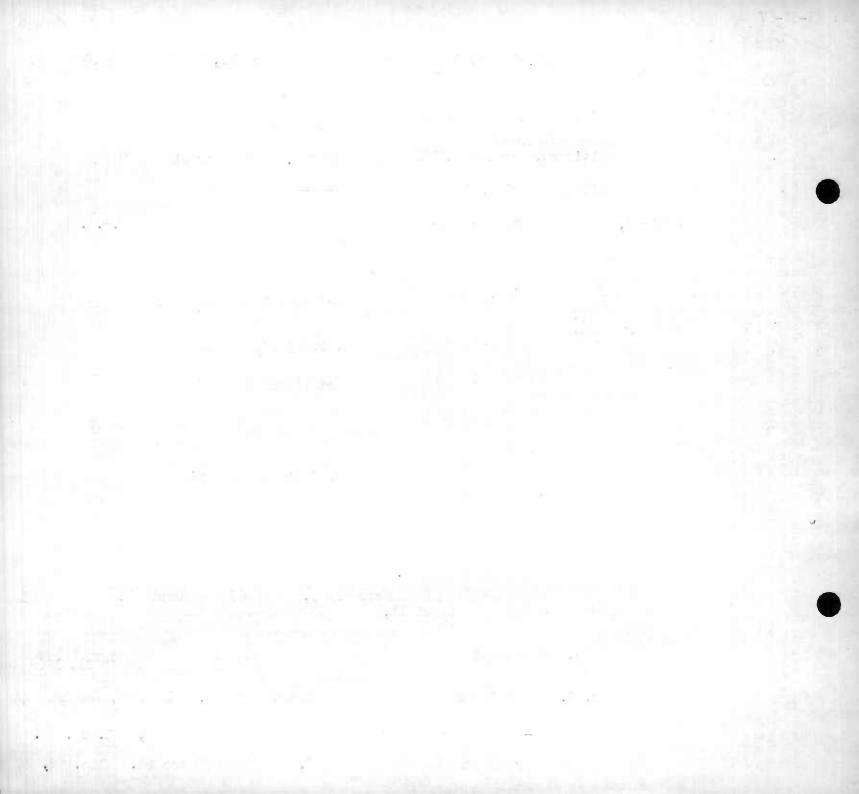


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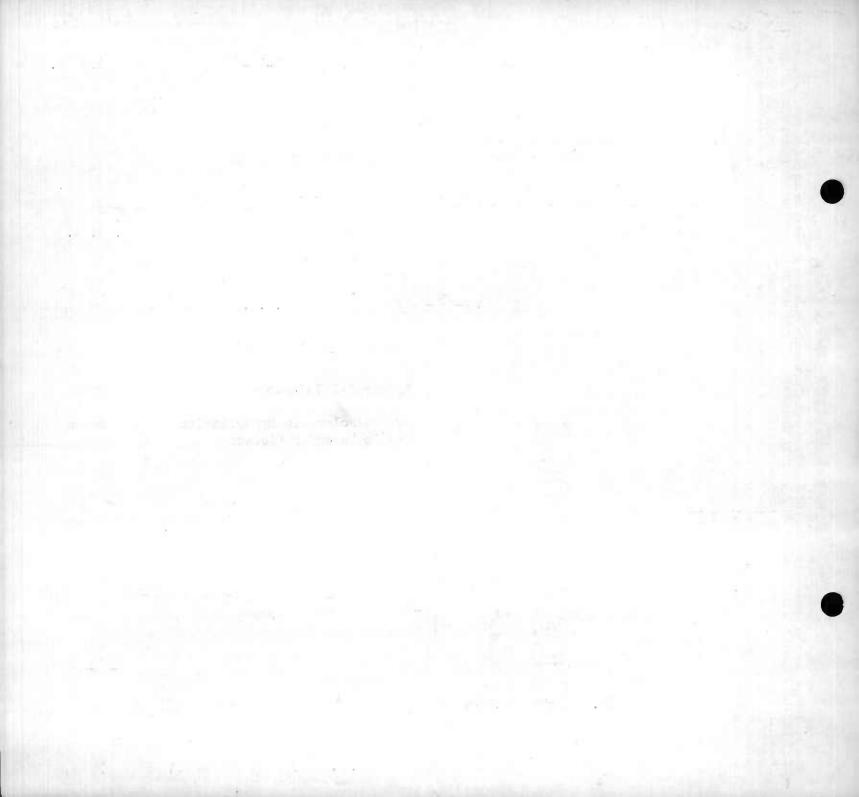
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M.E. CASE NO.			(AMINER'S C	The Lates	X		
1. NAME OF D			MODRICON			12, 1965	
	WALTER P.	HERE PRONOL	MORRISON INCED DEAD	M. USUAL RESID			6:30 P
				A. STATE	yland	B. COL	
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET			corporate limits, write	RURAL ond give township)
NSTITUTION				Mid	dle Riv	er (20)	53-00
Baltim	ore City Hospi	itals		D. STREET ADDE	RESS (If rurol,	give locotion)	
	1	16			3 Cord		
S. SEX	6. RACE	WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	H	9. AGE (In years lost birthdoy)	Months Doys Hours Mi
Male	White		ried	Sept. 2	9, 1907	57	
dope during most o	CUPATION (Give kind of work f working lile, even if retired)	0		III. BIRTHPLACE	Stote or toreign	country)	12. CITIZEN OF WHAT COUNTRY?
Maintain		Steel	Mill	Tenn			USA
	burn Morrison				ice	2	
5. WAS DECEAS	SED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	100	1	ADDRESS
Yes, no or unknow No	(If yes, give wor or date	s of service)	SECURITY NO.	Daniel - M		e	
18.	960		410-09-6556	Bonnie M	orrison	Same	INTERVAL BETWEE
/ 80			0,000	OI DEATH			ONSET AND DEA
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	Arto	ciosolorot	in Card	iovascular	Disagra
(This does	not meen the mode of re, osthenio, etc. It meens		DUE TO	loscielot	ic card	IOVASCULAL	Disease.
injury or c	omplication which coused	deoth.)					
	ANTECENDENT CAUSE	S					
	OR CONDITIONS, IF A		DUE TO				
UNDERLY	ING CONDITION LAST.	Allino The	(6)				
<u> </u>			(С)				
	GNIFICANT CONDITIONS						
DISEASE	DEATH BUT NOT REI		HE	***************************************			
DISEASE	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIL	NDINGS CONSIDERED
1500				Yes			Yes
UNDERLYING	AL CAUSE WAS	home	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. W	OCCUR?	f in Boltimore City, gi	ve exoct location)
UTING LCA	USE OF DEATH.	etc.)		7 - 2			
21D TIME OF INJURY	(Month) (Doy) (Year	) (Hour) 2	1E. INJURY OCCURRED	21 F. H.C	DINI DID WC	RY OCCUR?	
(APPROX.)			VHILE AT NOT	WHILE D			
22.	ertify that I held an I	nauiry	Inspection Au	tapsy X and	that an this	s basis, death In n	ny apinion
	ulted from: Natural cou		sccident Suicid			ndetermined mann	
1031			Joiet John Committee of the Committee of		EDICAL EX		61
ACTU			letter 40	ASSISTANT MI			DATE SIGNED
SIGNA	NER'S	uis v	1	ASSOCIATE M		and the same of th	3/13/65
NAME	(Type) Charles						1
REMOVAL (Spec	REMATION, 238 DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. LC	CATION (City,	, town, or county) (State)
Burial		65 M	eadowridge Me	morial Par	ck Hor	ard Co. Mo	i.
24A. DATE REC'	D BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR		ADDRESS
	MAR 1 5 1965	P. Dec. B	E. FarleyMA	Daniel	aimal-i I		e 1407 Eastern A
	111/113 7 0 1000	H MAN SAL	1 42	Druzos	ZINSKI I	TIDEPO Home	a I/I/I'/ Kactama A

VS 151-REV. 1/1/65

Bruzdzinski Funeral Home 1407 Eastern Ave.



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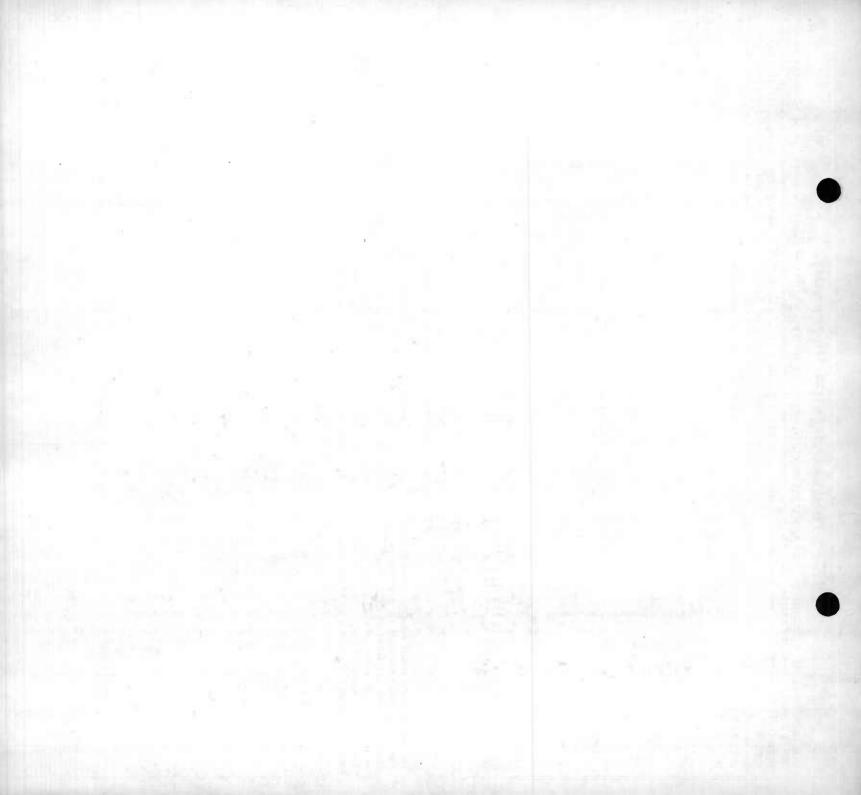
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

BIRTH NO.

M.E. CASE NO.



BIR	TH NO.	WE	DICAL EX	CAMINER'S C	ERTIFICATE	OF DEA	H Registe	red No.			
_	E. CASE NO.										
l. (Ty	Pe or Printl		-				JR PRONOUNCE				
		DAVII		BENNETT	Ma	irch 13,	1965		:35 P M.		
3.	PLACE IN BALT	IMORE MARYLAND	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE  B. COUNTY						
FU	LL NAME OF	(IF NOT IN HOS	PITAL OR INSTITU	JTION, GIVE STREET	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give to fiship)						
	SPITAL OR	ADDRESS OR LO	OCATION)		C. CITT OR TOWN (I	ir outside corpo	rote limits, write	KUKAL ond giv	e toynship)		
					Balti		1	5-0			
7	Provid	ent Hospita	1		D. STREET ADDRESS (If rural, give location)						
							ok Avenu				
5.	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. los	AGE (In years	Months, Doys	If Under 24 Hrs.		
	Male	Negro	Marr	ied	Aug. 13, 189	95	69				
		JPATION (Give kind of vorking life, even if retire		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign coun	try)	12. CITIZEN O			
	Cook	TOTKING THE, EVEN II TENN			Maryland						
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME					
G	abriell	A. Bennett			Fammie Clay	vton					
15.	WAS DECEASE	D EVER IN U.S. ARA		16. SOCIAL SECURITY NO.	17. INFORM ANT			ADDRESS			
(16	No	itt yes, give wor or	doles of service/	579-05-6664	Mana Committee	D 14	0100 **				
-	11B. / 2 "	7 6			Mrs. Carrie	bennett	3403 W		RVAL BETWEEN		
	10	0101		CAUSE	OI DEATH				ET AND DEATH		
	DISEAS	SE OR CONDITION LEADING TO DE	DIRECTLY	0			1				
	(This does n	ot meon the mode	of dying, e.g.,	DUE TO	cinoma of Lar	ge bowe	L.				
	injury or con	nplication which caus	ed deoth.l								
	Δ	NTECENDENT CA	IISES								
				(B) DUE TO							
	RISE TO TH	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
Z				(C)							
E		11									
S	OTHER SIGN	NIFICANT CONDITION DEATH BUT NOT									
CERTIFICATION	DISEASE OF	CONDITION CAUS	ING IT.	.000	*==************************************						
KE	19A. DATE OF		PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes			NDINGS CONSIL			
					No						
EDICAL	21 A. EXTERNAL	OR CONTRIB-	home	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21C. WHERE	DID (If in Bo	oltimore City, giv	ve exact location	()		
	UTING CAU	SE OF DEATH.	etc.)								
Σ	21D TIME	(Monthl (Doy) (	Year) (Hour) 2	TE. INJURY OCCURRED	21F. HOW D	ID INJURY OC	CUR?				
	(APPROX.)		v	WHILE AT NOT	WHILE						
	22.			VORK LAT W							
	l cert	ify that I held on	Inquiry	Inspection X Aut	topsy ond that	t on this bos	is, deoth in m	y opinion			
	rosulted from: Notural causes Accident Suicide Homicide Undetermined manner										
		01		/ /_	CHIEF MEDIC	AL EXAMIN	ER 🗌	D/	ATE SIGNED		
	SIGNAT		arle ) /	elly M.D.	ASSISTANT MEDIC	AL EXAMIN	ER 🖾				
	EXAMIN	ER'S			ASSOCIATE MEDIC			3/	14/65		
	NAME (		les S. Pet								
	MOVAL (Specify		23	C. NAME OF CEMETERY O		23D. LOCATIO	ON (City,	town, or county	(State)		
-	urial	3/17	7/65	St Peter Ceme	nt.erw	Baltim	ore. Mar	vland	V		
		BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DI	RECTOR	220,1	ADDRI	ESS		
		MAR 15 196	5 Oblat	· E. Harbey M.A			h 026 F	Nonth	A		
105	162 PEN 161	16		4500	William	o. Marc	11 728 B	. North	AVe.		
A 2	151-REV. 1/1/	00	1 4	die Alle Alle	dies .	3					

65 2740 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD OSCAR **JOHNSON** March 10, 1965 9:58 P 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (If mire), give located Provident Hospital 3012 Reisterstown Road 6. PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. II Under 24 Hrs. Months Doys Hours , Min. WIDOWED, DIVORCED (specify) lost birthdoy Male. Negro Widowed 77 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME EDWARD JOHNSON MARGARET 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT ADDRESS (Yes, no or unknown), (II yes, give wor or dates of service) SECURITY NO. Mrs Dorothy Jones 3012 Reistertown Rd 27247245171 no 1B. INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTI 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?  $\overline{0}$ No MEDICAL 2TA. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, lam, lactory, street, office bldg, INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY (APPROX.) MHILE AT NOT WHILE Autopsy Inspection X I certify that I held on Inquiry ond that on this basis, death in my opinion Hamicide resulted fram: Natural causes X Accident Suiclde Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED

23A, BURIAL CREMATION, 23B, DATE 23C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specily) Calvary Cemetry A Burial VS 151-REV, 1/1/65

NAME (Type) Charles S. Petty,

ACTUAL

SIGNATURE

EXAMINER'S

23D. LOCATION (City, town, or county)

County Md

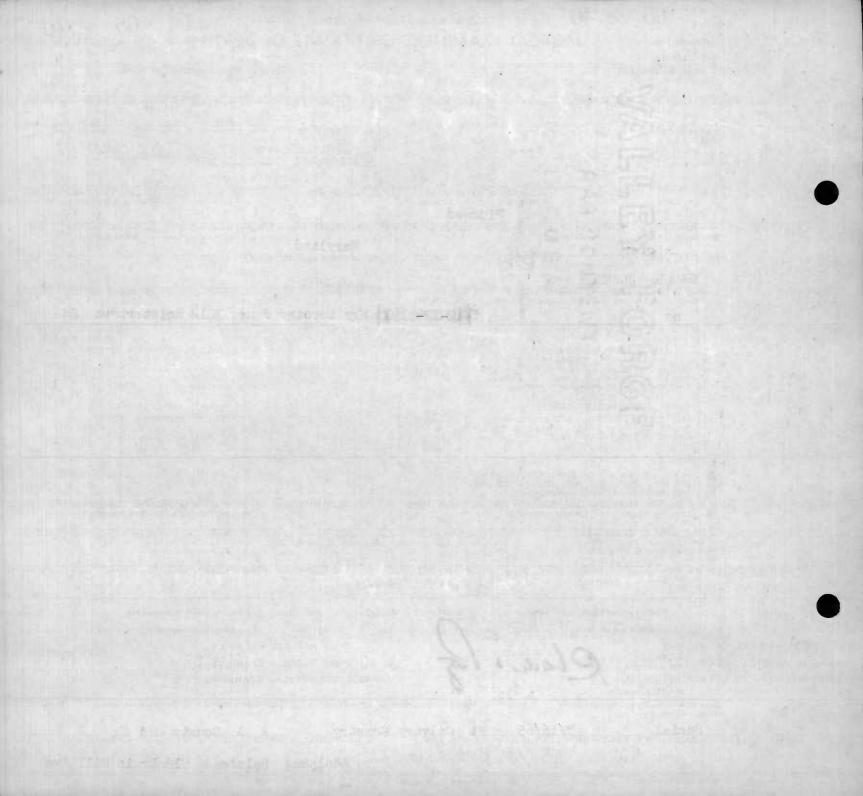
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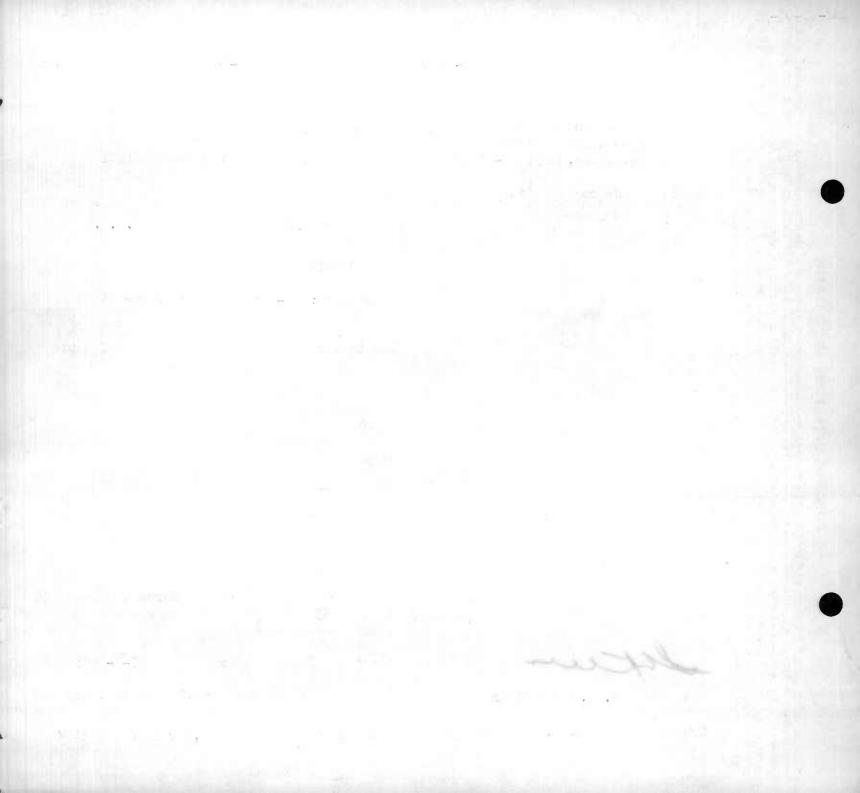
Halstead 918 Druid Hill Ave Adolphus

M.D. ASSISTANT MEDICAL EXAMINER

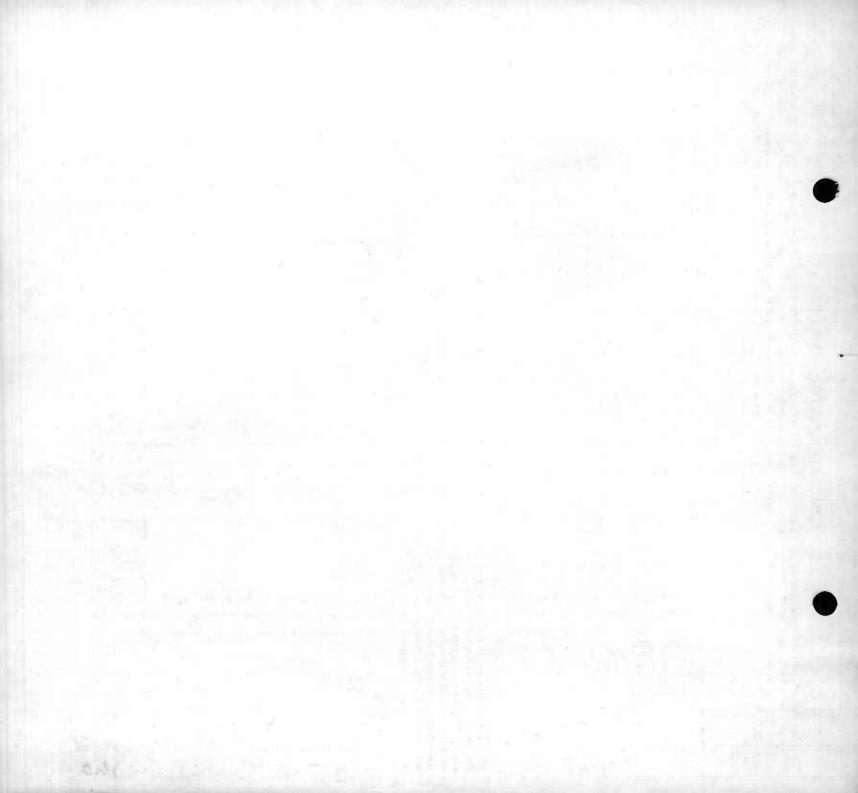
ASSOCIATE MEDICAL EXAMINER

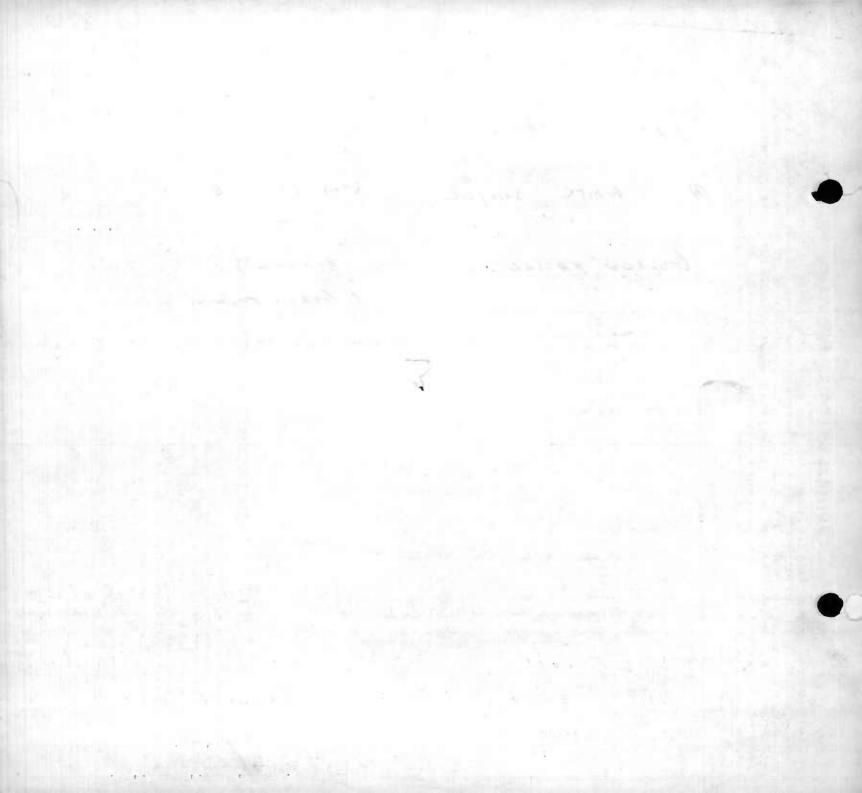


	CASE NO.	EASED		2741 CERTIFICA	2. DATE A	ND HOUR OF DEATH		
уре	e at Print)	Bab	v Girl Co	aklev- Cambie		3-7-1965	6:30A	
FL	JLL NAME O		haspital ar institu	tion, give street	Maryland B. Coul	ere deceosed lived. If	institution: residence before odmiss	
	ISTITUTION	Baltimore	City Hos	-	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore D. STREET ADDRESS (If rural, give location)			
	4940 Eastern Avenue Baltimore, Maryland-21224				867 West Fairmount Avenue 21201			
. SE		6. RACE Negro	7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH  3 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hours Min	
		UPATION (Give kin working lile, even if		D OF BUSINESS OR INDUSTRY	Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?	
3. F	ATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
					Carrie			
		Ever in U. S. Ar		ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 N N	ADDRESS	
	, no or officio with the year, give wat at dates at ser				Records: BCH-494	Avenue 21224		
1	18.776	XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
		nal mean the m	nade at dying.	e.g., DUE TO	naturity	7 hours		
		asthenia, etc. II		aase,				
	injuly or con	nplication which	caused dealn,					
		ANTECEDENT C		(B)				
	DISEASES (		CAUSES IS, if any, gi se (A) stating	DUE TO ving				
	DISEASES (	ANTECEDENT COR CONDITION	CAUSES IS, if any, gi se (A) stating	DUE TO ving				
ATION	DISEASES ( ise In Ih- UNDERLYING OTHER SIGNI TO THE D DISEASE OR	ANTECEDENT CONDITION  e abave caus  G CONDITION  II  IFICANT CONDITION  EATH BUT NO CONDITION CA	CAUSES  I.S., if any, give (A) stating last.  TIONS CONTRIBUTIONS CONTRIBUTIONS TO RELATED TO USING IT.	DUE TO  iving The (C)  JTING  THE				
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MEDICAL CERTIFICATION	DISEASES (cise In IIII) OTHER SIGNITO THE DISEASE OR 19A. DATE OF CONTROL OF CONTROL OF CONTROL OF INJURY (APPROX.) 22. I certify whot (I) (we)	ANTECEDENT COR CONDITION (a abave caus G CONDITION (a CONDITION (a CONDITION CA)  IFICANT CONDITION CA FOPERATION (A CONDITION CA) FOPERATION (A CONDITION CA) FOPERATION (A CONDITION CA) FOPERATION (A CONDITION CA) FOR CONDITION CA) FOR CONDITION (A CONDITION CA) FOR	CAUSES  I.S., if any, gi see (A) stating last.  TIONS CONTRIBLE DIT RELATED TO USING IT. 98. CONDITION VAS PERFORMED  LYING OF et)  (Year) (Hour)	DUE TO  Iving The (C)  JTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., into the content of the cont	20A. AUTOPSY? (Yes or N  Yes n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID IN.  March 6 ond to	O) 20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? Yes THE City, give exact locohon)	
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MEDICAL CERTIFICATION	DISEASES (cise In IIII) OTHER SIGN. TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONTRIBUTION (APPROX.) 22. I certify what (I) (we) and hour one	ANTECEDENT COR CONDITION (CONDITION (CONDITION (CONDITION CATH) (CONDITION CATH) (CONDITION CATH) (CONDITION CATH) (CONDITION (CONDITION CATH) (CONDITION	CAUSES  I.S., if any, gi see (A) stating last.  TIONS CONTRIBLE DIT RELATED TO USING IT. 98. CONDITION VAS PERFORMED  LYING OF et)  (Year) (Hour)	DUE TO  Iving The (C)  JTING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., intent) of the celc.  21E. INJURY OCCURRED  While At Not While work  Not While work  Jed the deceosed from the celc.  March 7  The cell (I) (We) (did) (did not) who will be celc.	20A. AUTOPSY? (Yes or N Y S n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID IN. e	O) 20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  Yes re City, give exact locohon)  arch 7 19 65	
WEDICAL CERTIFICATION	DISEASES (cise In IIII) OTHER SIGN. TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONTRIBUTION (APPROX.) 22. I certify what (I) (we) and hour one	ANTECEDENT COR CONDITION (CONDITION (CONDITION CATE OF CONDITION CATE OF CONDITION (CONDITION CATE OF CONDITION (CONDITION CAUSE (Month) (Doy)  Thot (I) (this help of the cousting cause (Month) (Doy)  Thot (I) (this help of the cousting cause (Condition cause (	CAUSES  IS, if any, give (A) stating last.  TIONS CONTRIBUTION RELATED TO USING IT.  198. CONDITION WAS PERFORMED  (Year) (Hour)  TOOSpitol) attended accessed olive sees stoted obox	DUE TO  Iving The (C)  JTING THE  FOR WHICH OPERATION  218 PLACE OF INJURY (e.g., independent of the color), street, onetc.)  21E INJURY OCCURRED  While At Not While Mary Not While At Work  Jed the deceosed from	20A. AUTOPSY? (Yes or N  Y C  n or obout 21C. WHERE DID  ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  21F. HOW DID IN.  21F. How did in.  March 6  19 65  ond to  riew the body ofter deoth.  22D. ADDRESS	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  Yes re City, give exact locohon)  arch 7 19 65  Initial death occurred on the  238. DATE SIGNED  3-7-1965	
MEDICAL CERTIFICATION	DISEASES (crisse In IIII) OTHER SIGN. TO THE D DISEASE OR 19A. DATE OF DISEASE OR 19A. DATE OR 19A. DATE OF DISEASE OR 19A. DATE OF DISEASE OR 19A. DATE OF DISEASE OR 19A. DATE OR	ANTECEDENT COR CONDITION (a abave caus G CONDITION (a CONDITION (a CONDITION CAUT CONDITION CAUT CONDITION CAUT CONDITION (A CONDITION CAUT CONDITION (A CONDITION CAUT CAUT CAUT CAUT CAUT CAUT CAUT CAUT	CAUSES  IS, if any, given and any and any and any	DUE TO  Iving The (C)  JTING THE  FOR WHICH OPERATION  218 PLACE OF INJURY (e.g., independent of the color), street, onetc.)  21E INJURY OCCURRED  While At Not While Mary Not While At Work  Jed the deceosed from	20A. AUTOPSY? (Yes or N  Yes n or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR?  21F. HOW DID IN.  March 6  19 65 ond flexible the body ofter deoth.  21F. How DID IN.  23D. ADDRESS  4940 Easter	Ol 20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  JURY OCCUR?  19	FINDINGS CONSIDERED AUSES OF DEATH? Yes re City, give exact location)  arch 7 19 65 Inion death occurred on the	

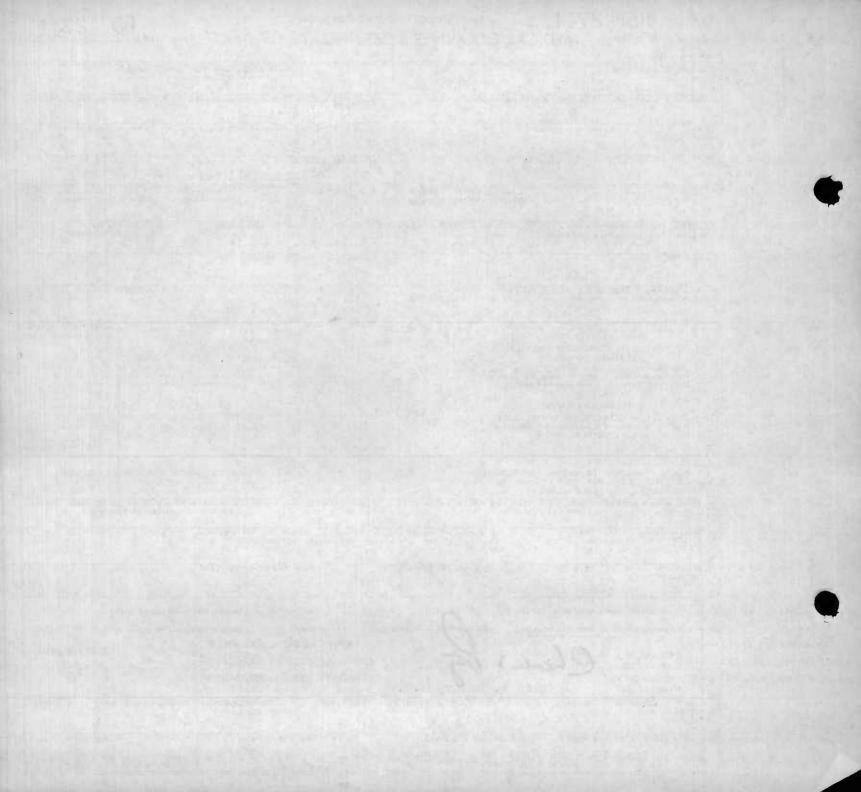


MALL	BALTIMORE CITY HEALTH DEPARTMENT 65 2742
N-400.	BIRTH NO. 65 2742 CERTIFICATE OF DEATH Registered No.
anc eath ase the	M.E. CASE NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH
of deat Of deat Decease e on th	(Type or Print) OLIVIA NALL MARCH 818 1965 1530 F M.
F 0 0 4	3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
Spi O O O O	A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  CCTY OF TOWN (If outside site limits with BURAL and site limi
cause cause use; (5 endan	INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
e 52./9	D. STREET ADDRESS (If rurol, give location)
	9,5 1 0
th occurred contributions on regular seeses on is made.	
occurre ontribut ermined regular eased p	WIDOWED DIVORCED (energia)   Months Dove Hours Min.
occountraction of the second o	18/MAIS COUNCE WIGOWED THIS IN 1991
on on on	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
nd or de	HouseWife MARYLAND U.S.A.
de cras	13. FATHER'S NAME
NT  It death direct or c. (4) Undet h was in the den disposition	Joseph Wall Minnie FlAX
AN stant se di ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Ssistar the the death	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
MPORT  This assistable of any knownced defined and then denoted and then denoted and then denoted and or fined and or fined and and and and and and and and and an	18. CAUSE OF DEATH INTERVAL BETWEEN
or an or	
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	ANTECEDENT CAUSES (B) Hypertensue Cardin
o o	DUE/10///
EXCECT EXCET EXCECT EXCET EXCECT EXCE	rise to the obove couse (A) stating the (C) / hathands a for
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dice ice	Z OTHER SIGNIFICANT CONTRIBUTING
All med bud bud hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
DK + F > 0.00	DISEASE OF COMPILION CARSHAD II.
Na Sad Sod	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FC 2) by	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact locotion) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldgs, INJURY OCCUR?
+= 000	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
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ved by hospit nature ept wl d (6) N	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
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d tof	
inst be cleased the ident of hospital or death)	23A. SIGNATURE
leas leas ride hos o de	M.D. Mending V.
E 0 U n + 5	
An a An a prior	NAME (Type)  NAME (Type)  N.D. 5511 Delle 120 100 100 100 100 100 100 100 100 100
	24A. BURIAL CREMATION, 24B. DATE 24C.NAME OF CEMETERY OF CREMATORY 24D. VOCATION (City, town, or county) 2 (Stote)
L 7 0 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D VOCATION (City, town, or county)
bo od o	7- will 2/13/65 Dr. dutes Cemelly Recellstown, 1/10,
This certif the body shows: (1) was D.O., deceased	MAR 15 1965 P. C. S. S. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F + 2 3 4 3	MAR 15 1965 Robert E. Farburgo O O Goseph L Russ 2222 W. Yorth and 2121
	VS 150-REV. 1/1/65





R	16	0	BIRTH NO. 64-30997 MEDICAL EXAMINER'S CERTIFICATION	
0	1		M.E. CASE NO.	
			(Type of Print)  MICHAEL  PFEIFFER	2. Date and hour pronounced dead March 12, 1965 8:45 P
		4		L RESIDENCE (Where deceased lived, If institution: residence before admission)
				Maryland OR TOWN (If outside corporate limits, write RURAL and give township)
		. ^	INSTITUTION	Baltimore 25-4/
		60		ADDRESS (If rurol, give locotion) 1032 Rockhill Avenue
			5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE O	OF BIRTH 9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
			Male White WIDOWED, DIVORCED(specify)	Nonths Doys Hours Min.
			10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHP	PLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
			Mone Bal	timore, Maryland
			Robert Pfeiffer	Mullaney
		- 109	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORM	
			(Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.	h. M. Stillery 1032 Rapfill
			118. CAUSE OF DEAT	TH INTERVAL BETWEEN ONSET AND DEATH
			DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Thterstitis	al Pneumonitis.
			(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
			ANTECENDENT CAUSES	
			DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
			UNDERLYING CONDITION LAST.	
			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUILD NOT BELATED TO THE	
			L DISEASE OF CONDITION CAUSING IT	
			WAS PERFORMED	UTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
			₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout	Yes Yes 21C. WHERE DID (II in Boltimore City, give exact location)
			UTING CAUSE OF DEATH.	INJURY OCCUR!
			OF INJURY (APPROX.)  OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
			22.	
				and that an this basis, death In my opInIan  Tomicide Undetermined manner
				IFF MEDICAL EXAMINER
			SIGNATURE Charles I fetty M.D. ASSISTA	DATE SIGNED  3/13/65
			EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIA	ATE MEDICAL EXAMINER
			23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATO	ORY 23D. LOCATION (City, town, or county) (Stote)
		1500	Swise 3/16/65 Palso, Jalio	nel posto . mel
				FUNERAL DIRECTOR ADDRESS
				18 6.10. HO CAMONOCON
			VS 151-REV. 1/1/65	



BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

	65	2747		BALTIMORE CITY HEA	LTH DEPARTMEN	Т		65	2747
BIR	TH NO.		CAL EX	CAMINER'S C	ERTIFICAT	E OF	DEATH Registe		
M.	E CASE NO.					1			
1. (Tv	NAME OF DE		_			2. DATE AN	D HOUR PRONOUNC	ED DEAD	
		EDWARD		CATLING			h 13, 1965		10:20 A
		TIMORE, MARYLAND, W			4. USUAL RESID	ence (Where ry Land	deceosed lived. If insti	itution: reside INTY Baltimo	
HC	LL NAME OF	ADDRESS OR LOCA	TION)	UTION, GIVE STREET		WSON LE	e corporate limits, write		
	Me	rcy Hospital			D. STREET ADDI			300	1.
			T=				ppa Road	11/11	4
5. 5		6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	Months [	1 Yr. If Under 24 H Doys   Hours   Min
	Male	White	Marı		2/22/189	7	68	i	
		CUPATION (Give kind of working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreig	n country)	12. CITIZES WHAT	OF COUNTRY?
	Supervi	sor	Gas &	Electric Co.	Mary 14. MOTHER'S M	land			S. A.
13.	FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAM	E		
	Leonar	d Catling			Ruth S.	Shaw			
15.	WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		204 Eas	ADDRESS	a Road
nie:	Yes	World War		212-05-3579	Mrs. Edi	th Catl		n, M	
-	18.	1 100 2 11 1100			OF DEATH	011 00.01	THE TONGO	-	INTERVAL BETWEEN
	DISEASES RISE TO TH	not meen the mode of e, osthenio, etc. It meens omplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S'ING CONDITION LAST.	S NY, GIVING	(8)DUE TO			iovascular I		
Z		100000000000000000000000000000000000000		(C)					*******************************
IFICATION	TO THE	II  SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO 1	NG THE BI	conchial A	sthma.			
CERTIFI	19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY Ye		208. IF YES, WERE FIL	NDINGS CO	ONSIDERED Yes
EDICAL	UNDERLYING	AL CAUSE WAS  OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V office bldg., INJURY	HERE DID OCCUR?	(If in Boltimore City, gi	ve exoct loc	otion)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT NOT NOT NOT NOT	WHILE	INI DID WO	URY OCCUR?		
	22.	rtify that I held on I			topsy X one	that on th	is bosis, deoth in n	ny opinion	
	resu	Ited from: Notural co	uses X	Accident D Suicio	le Homici	de	Undetermined monne	er	
		. 01		11_		EDICAL EX			DATE SIGNED
	SIGNAT		ale J	Ton M.D	ASSISTANT M	EDICAL EX	XAMINER X		
	EXAMI	NER'S	S. Pett	1	ASSOCIATE M				3/14/65

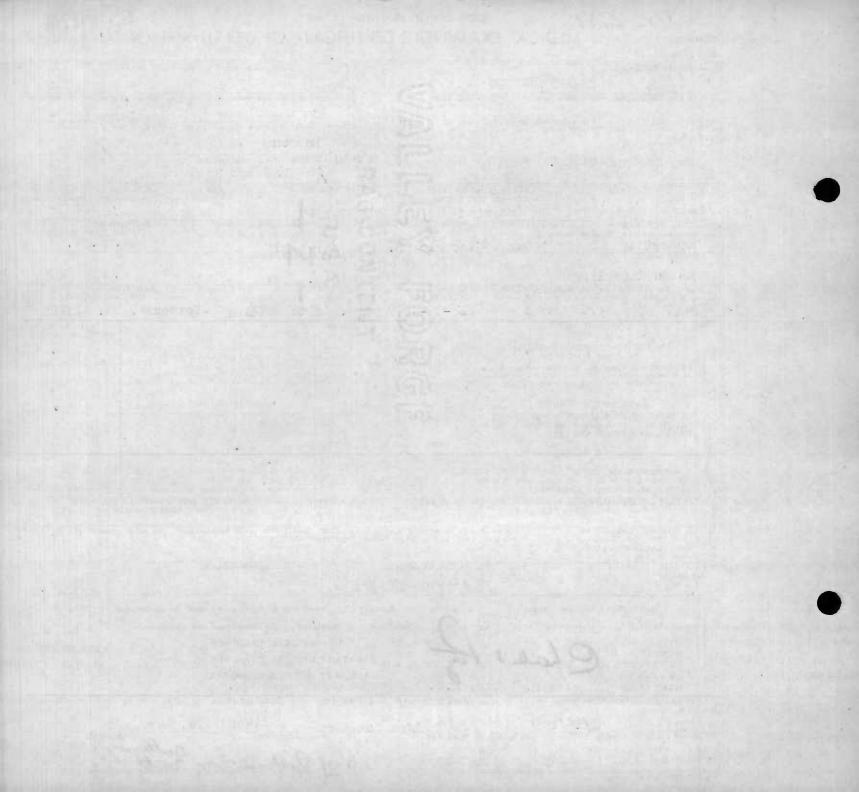
23C. NAME of CEMETERY or CREMATORY

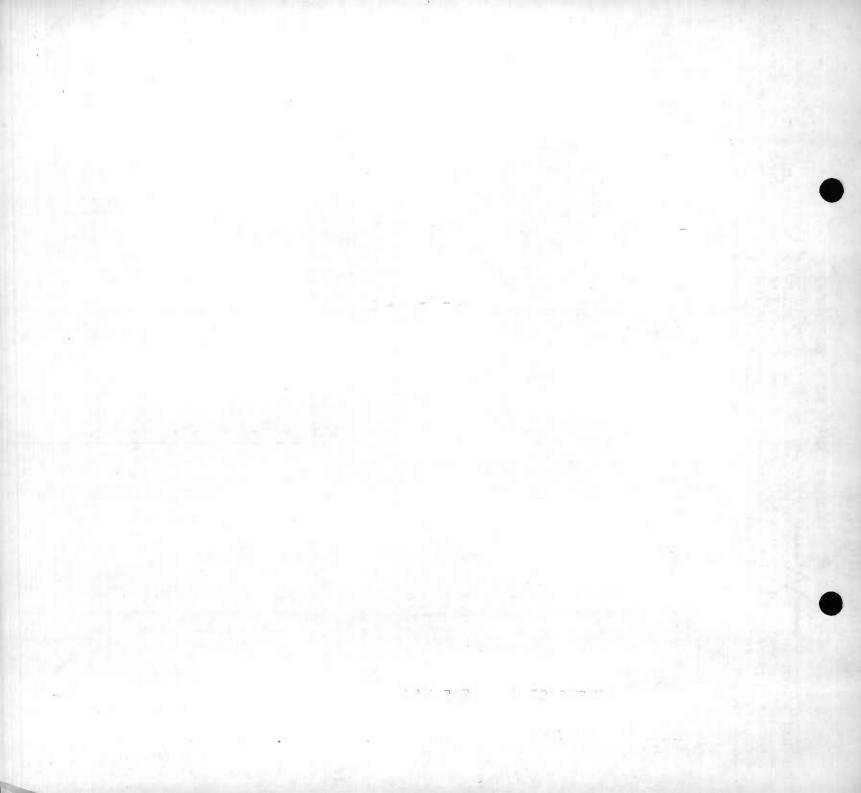
Burial B/16/1965 Druid Ridge Cometery Pikesville, Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
MAR 15 1965 Robert E. Farbenta. With Pikesville, Maryland
WAR 15 1965 Robert E. Farbenta.

23D. LOCATION

(City, town, or county)

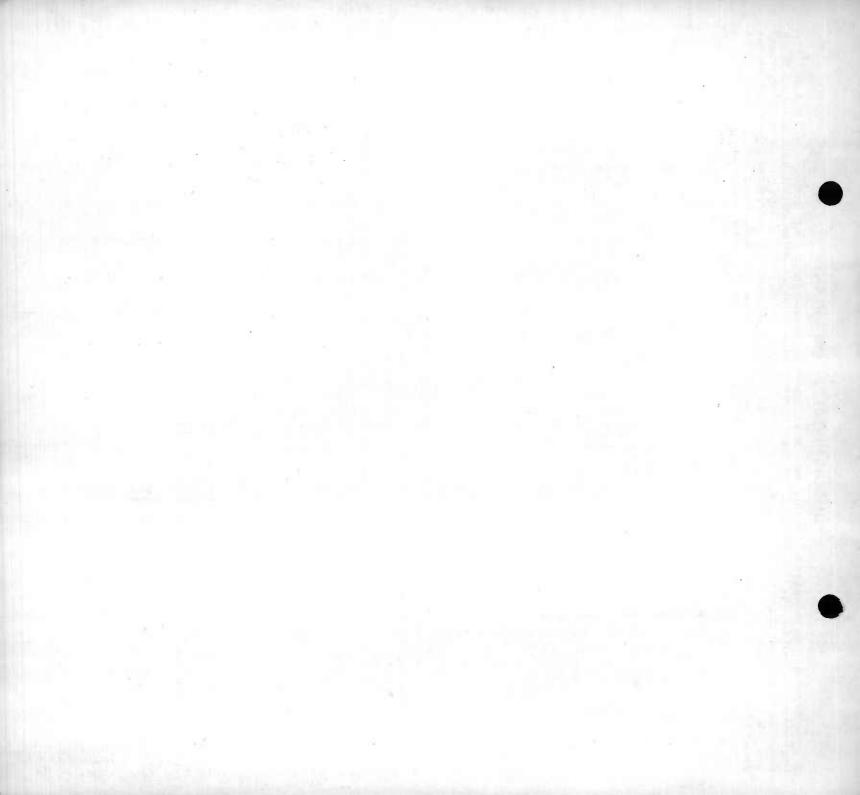
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)





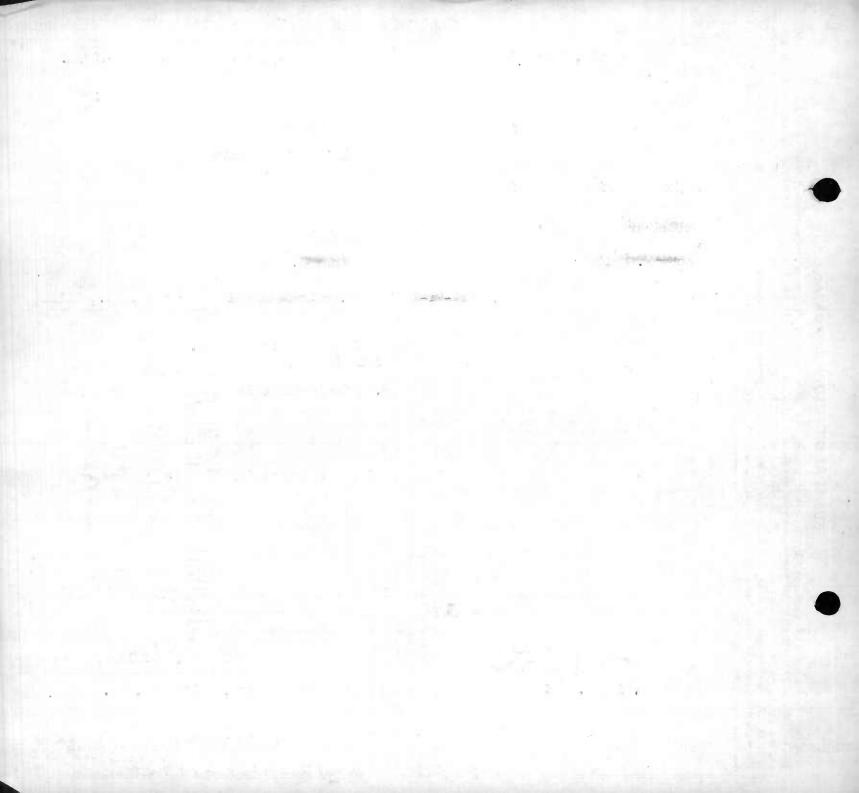
M.E. CASE N 1. NAME OF (Type or Print)	DECEASED	CERT	IFICATE OF D	2. DATE AND HOUR OF DEA	The state of the s
	DEATH IN BALTIMORE, MAR	Pleken Virgi	12; cl 4. USUAL RES	DENCE (Where deceased lived. B. COUNTY	If institution: residence before admission
FULL NAM HOSPITAL INSTITUTIO	OR oddress or location)	r institution, give street	C. CITY OR TO	The second state of the se	ite RURAL and give township)
36 A	ranklin Squa	re Hospital	D. STREET AD	timore  DRESS Warm, Fre location)  Nottingham Road	- ver
5. SEX Fema	le White	MARRIED, NEVER MARRI	specify) B. DATE OF BIR	/1889 SAGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
	CCUPATION (Give kind of work) st of working life, even if retired) Wife	10B, KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	dward G.	RUDD	14. MOTHERS	maiden name mit Benia	
15. Wos Dece (Yes, no or unk	osed Ever in U. S. Anned Force nown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY	nd. 17. INFORMAN	Winohostar	ADDRESS 162/ Benfield
18. Lef	SEASE OR CONDITION DIRE	CTIV	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
UNDERL OTHER S TO TH DISEASE	the abave cause (A) YING CONDITION last.  II IGNIFICANT CONDITIONS CO E DEATH BUT NOT RELAT OR CONDITION CAUSING IT.	ONTRIBUTING THE	And	A fibrillati	
21A. ACC	E OF OPERATION 198. COND WAS PERFO CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	218, PLACE OF IN.	JURY (e.g., in or obout 21 C. V , street, office bldg., INJUR	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	notify medical examiner  E (Month) (Day) (Year)	(Hour) 21E. tNJURY OCCI White At Work		OW DID INJURY OCCUR?	
that (I)	tify that (1) (this hospital) we) lost sow the deceased and from the causes state	olive on the	21ch 13 19 65		opinion death occurred on the d
23A. StGN	ATURE		M.D. Attending Phys.	Med. Staff Phys.	238, DATE SIGNED
23 C. PHYS	7,0 7,00	Lee	M.D. Firan	Klin Square	Hosp.
Buria	CREMATION, 24B. DATE AL (Specily) 3/16/19	24C. NAME of CEMET  Loudon P. 25B. NAME OF REGISTRAR		Baltimore, M	(City, town/or county) (State)
25A. DATE R	MAR 1 5 1965	25B. NAME OF REGISTRAN	25C. FUNER	AL DIRECTOR	Palto, ma. 212

BALTIMORE CITY HEALTH DEPARTMENT



a hospital and

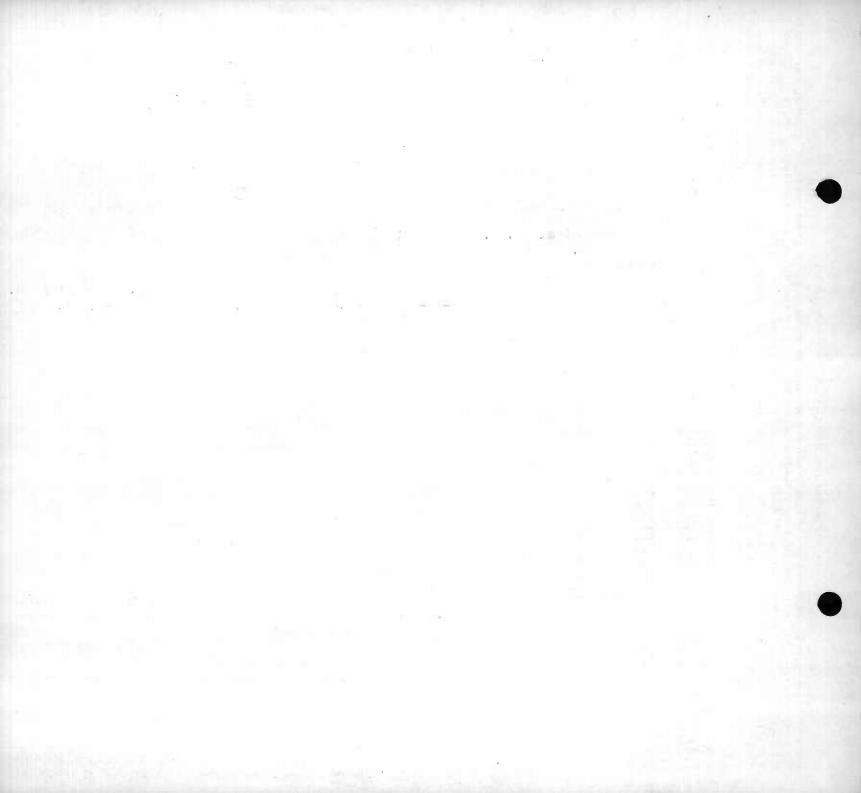
BIRTH NO.	65 2750	)	CERTIFICA	ATE OF DEAT	H Registered No.	65 2750		
M.E. CASE NO.	CEASED			2. DATE AND HOUR OF DEATH				
(Type or Print)	Dyke, Mar	y Glady	75	3/13/65   6:00 A.				
FULL NAME	OF (If not in hospital of		mye street	4. USUAL RESIDENCE A. STATE B. C Maryland	(Where deceased lived. If i	nstitution: residence before admi		
HOSPITAL OF	address or lacation	)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give lacation)  1601 Union Avenue				
Monte	ebello State H	ospitai						
5. SEX	6. RACE	7 AA ADDIED	NEVER MARRIED	1		If Under 1 Yr., If Under 2		
Female	White	WIDOWE	D. DIVORCED (specify)	8/21/1890	9. AGE (In years last birthday)	Manths Doys Haurs		
lone during most c	JSUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Milliner Manufacturing Maryland					12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NA		TIONITO	indo our ring	14. MOTHER'S MAIDEN	NAME	ODA		
John	F. Reid			Anne E. P				
5. Was Decease Yes, no ar unknow No	ed Ever in U. S. Armed Ford vn) (If yes, give war or dote:	ces? s af service)	16. SOCIAL SECURITY NO. 21:2-01-21:05	Mrs. Elizabe	1601 U tho Reid Baltin	Inion AVERTS		
18. 33	7 7 .			OF DEATH		INTERVAL BETWEE		
	ASE OR CONDITION DIR	ECTIV	ONU JE (	. JUNIO		ONSET AND DEAT		
DISE	LEADING TO DEATH	CCILI	Cere	bral thrombos	is with rt			
(This does	not mean the mode of	dying, e.g.,	, DUE TO A	iplegia	TO MICH I O	A		
	e, asthenio, etc. It meons omplication which caused		, IIGH	Thregra	4 months			
111/01/ 01 00		dodin,,	(B) Con	. Arterioscle	rocie	Unknown		
	ANTECEDENT CAUSES				1-0-0-10	OTIVIO WII		
	OR CONDITIONS, if of the obove cause (A)							
	IG CONDITION lost.	sidiling me	(0)	***********************				
	11							
E TO THE	NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING IT	TED TO TH		sive cardiova	Unknown			
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B			me, form, foctory, street,	in or obout 21 C. WHERE D	1D (If in Boltimor	e City, give exact lacation)		
21D. TIME OF INJURY (APPROX.)	OF INJURY							
22. L carett	22. I certify that (I) (this hospital) attended the deceased from 1/26/65 19 to 3/13/6							
that (1) (we) lost saw the deceased alive on 3/13/65 ond that in(my) (our) opinion death occurred on the								
	nd from the couses stat	ed obave. (	(I) (We) (did) (did not)	view the body ofter de	oth.			
23A. SIGNAT	Das 00	P.		tending Med.	Stoff Phys.	3/13/65		
23C. PHYSIC NAME	Deniel G. Lai	Vice.		23D. ADDRESS	Drive, Baltim	ore Md.		
	are system out to go publish		M,D	NOT IT SOUTH	Trato, Darorn			
REMOVAL	(Specily)	24C.N	he View Con	4	D. LOCATION (C	ity, town, or county) (S		
	- M							
Bur	D BY HEALTH DEBY	258 NA44	100000		Vallemorelle	o., marylan		
A. DATE REC	D BY HEALTH DEPT.	25B, NAME	100000	25C. FUNERAL DIRE	CTOR	Balty, mas 21		



IMPORTANT

DIRECTOR:

FUNERAL



of death Deceased

ance (2)

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Isabel S. Hollingsworth March 13, 1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 103 Croydon Road Bal timore Baltimore, Maryland 21212 D. STREET ADDRESS (If rural, give location) 103 Crovdon Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. WIDQWED, DIVORCED (specify) lost birthdoy 7/25/1888 Female White Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Housewife U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Shamberger Martha Jane Smith 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 103 Croydon Road No None 167-10-5230 Mrs. C. Edwin Fitzell Baltimore, Md. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,)

MIHRECURASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving

rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

NOKE

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location)

(Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY White At

Not While I

MEDIC (APPROX) At Work Work 22. I certify that (I) (this bearital) attended the deceased from

that (1) (we) last saw the deceased alive an 313145 and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated up ve. (1) (We) (dtd) (did nat) view the body after death.

M.D.

Attending Phys. Director 23D. ADDRESS

3/15/41

REMOVAL (Specify)

24C. NAME of CEMETERY or CREMATORY

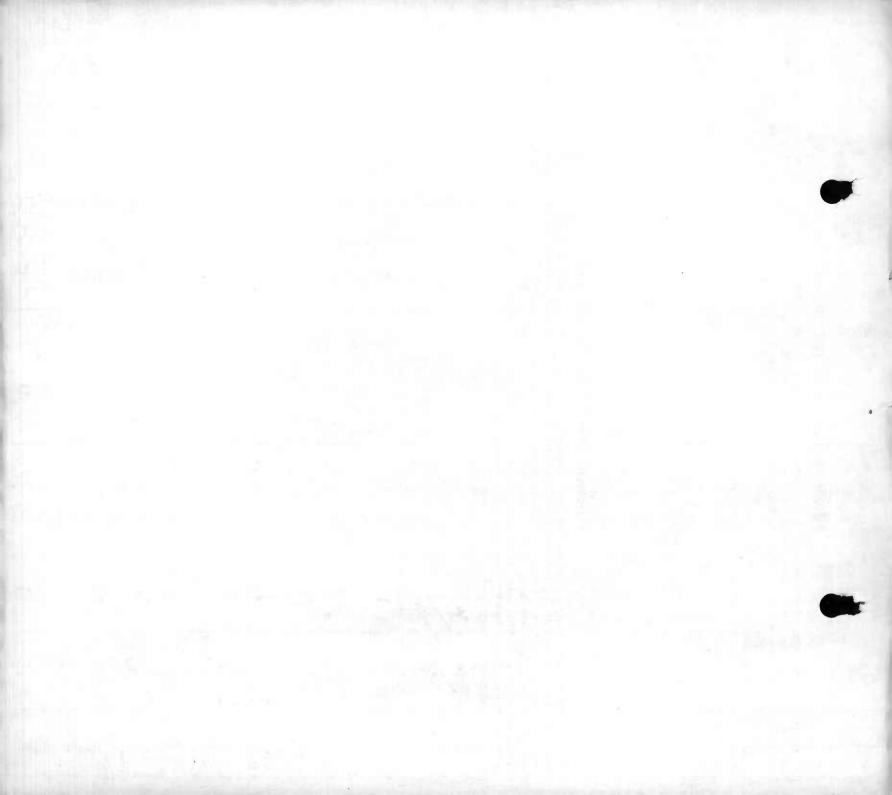
24D. LOCATION (City, town, or county)

3/16/1965 Cremation Loudon Park Crematory 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR

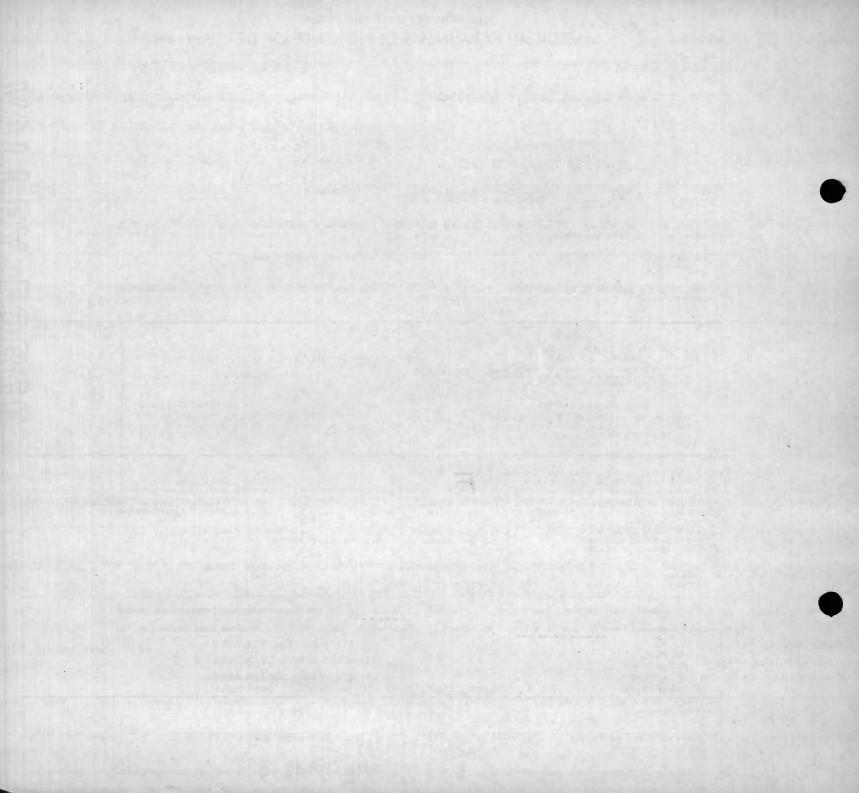
Baltimore.

5-30	ing cause of death cause; (5) Deceased attendance on the rior to death. Such
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	the shapes

P5. OBH 80	BALTIMORE CIT	Y HEALTH DEPARTMENT		5 2753
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	
M.E. CASE NO.	6		HOUR OF DEATH	
Type or Print) Daby Doc	Veott	J	9-65	2.351
PLACE OF DEATH IN BANTIMORE, MARYLA	ND	A. STATE B. COUNTY	deceased lived. If institu	lion: residence before odmiss
FULL NAME OF (If not in hospital or in	istitution, give street	MARULA	1 18	-171
HOSPITAL OR oddress or location) INSTITUTION	g	11 11 11 11 11 11 11 11 11 11 11 11 11	e city limits, write RUR.	AL and give township)
		Baltima	110	
122 11		D. STREET ADDRESS (If ruro	ol, give location)	<u></u>
Mekcar Hospi	THE	411 N. F	appet tos	1 27 33
SEX 6. SACE V7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			Under 1 Yr. If Under 24 onths Doys Hours Mi
m N.	Newboard	3-9-65		/-
A. USUAL OCCUPATION (Give kind of work 10B	. KIND OF BUSINESS OR INDUSTR		country) 1	2. CITTZEN OF WHAT COUNTRY?
one during most of working life, even if refired)				WHAT COUNTRY
B. FATHERS NAME		14. MOTHER'S MAIDEN NAME		
11	f-#	7. 41.		Ti
. Wos Decoosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	cheve &	HOKSON
es, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	17. INFORMATION		ADDRESS
18. 773.51	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	rly	1 1 . 7.	1. Y	^
LEADING TO DEATH  (This does not mean the mode of dynamics)	ing, e.g., DUE TO	flyaline med	ureacy pr	7-1
heart failure, asthenia, etc. II means the	diseose,	1/2 - 1		-T. W. 20 . Fall
injury or complication which coused dec	off(B)	fu walan L	-	
ANTECEDENT CAUSES	DUE TO	1	* .	*********************************
rise to the obove couse (A) sto		Arewatine	Coton	
UNDERLYING CONDITION lost.	(0)			
- 11				
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING 2	u setelet la		
DISEASE OR CONDITION CAUSING II.			+	
19A. DATE OF OPERATION 198. CONDITI		20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FINE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in at about 21 C WHERE DID	Of in Relainage Co	ty, give exact location)
OR CONTRIBUTING CAUSE OF	home, torm, factory, street,	office bldg., INJURY OCCUR?	tii in bollinore Ci	ry, give exoci locononi
٠	etc.)			
21D. TIME (Month) (Doy) (Year) (F		21 F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not Wh			,
22. I certify that (I) (this hospital) at	ttended the deceased from	): 55 p Kiel (9	65 10 3/0	× 3/9 196
that (I) (we) last sow the deceased a	2 / 13	19 6 C and that	in(my) (our) opinio	n death accurred on the
ond hour and from the causes stated	-//			
23A. SIGNATURE	200 va. (1) (me) (ala) (ala not)	view the body dilet death.	127	B. DATE SIGNED
Con 1	M.D. AI	tending Med. Sto	off 🖂	2/0/1-
23 C PHYSICIANS	acces of the Ph	ys. Director Ph	ys.	37/60
230 PHYSICIAN'S NAME (Type)	/	23D. ADDRESS	1 1	
	ANAMO	Jour of the fu	4710111 1h	171
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY & C	REMATORY 24D. LOC	ATION City;	town, or county) (Sto
MAR 15	MAD INHNE	HOPKING MED	ICAL SCE	100
SA. DATE REC'D BY HEALTH DEPT. 258	B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	CEDETICES	ADDRESS
MAR 15 1965 P. D. 6-18	astarbasian o	OMUKIUAKY	SERVICE	- BUHU
(\$ 150-PEV 1/1/65	Y TO B			



BIRTH NO.	MEDI	CALEX	CAMINER'S CI	EKTIFICA	ALE OF L	EAIH Registe	ered Na	
M.E. CASE NO.	riero.							
1. NAME OF DEC		2775				HOUR PRONOUNC		3;10 P. <sub>M.</sub>
3. PLACE IN BALT	DELE	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admit B. COUNTY  Maryland				
HOSPITAL OR	ADDRESS OR LOCA	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore						
	FRANKLIN SQ			D. STREET ADDRESS (If rurol, give locosion)  613 E. Baltimore Street  B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 F				
Male	Male White WIDOWED, DIVORCED(specify)					9. AGE (In years lost birthday) 50	Months, D	Yr. If Under 24 Hrs.
done during most of v	vorking life, even if retired)	10B, KIND OF	F BUSINESS OR INDUSTRY				12. CITIZEN WHAT	OF COUNTRY?
3. FATHER'S NAM				14. MOTHER'S	MAIDEN NAME			
	D EVER IN U.S. ARMED (If yes, give wor or dote		SECURITY NO.	17. INFORMAN	T		ADDRESS	
CITIES ASES OF THE DISEASE OF THE DI	SE OR CONDITION DIL LEADING TO DEATH hot meen the mode of osthenio, etc. If meens inplication which coused  ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST HIG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OPERATION 19B, CON WAS PERI L CAUSE WAS	dying e.g., the discose, deoth.)  S NY, GIVING ATING THE  CONTRIBUTII A TED TO T IT.  DITION FOR TOORMED	(B) DUE TO  (C)	20A. AUTOP Y	di.  SY? (Yes or No)  (es  WHERE DID (	iovascular sease  208. IF YES, WERE FI IN CERTIFYING CAU If in Boltimore City, gi	NDINGS CON	rH?
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		WHILE AT NOT WORK	WHILE	HOW DID INJU	RY OCCUR?		
ACTUAL SIGNAT EXAMIN	URE FULL C	A	Accident Suicide	CHIEF ASSISTANT		AMINER 🔀	er 🗌	DATE SIGNED 2-26-65
23A. BURIAL CREATE REMOVAL (Specify	MATION, 23B. DATE		ems, M.D.	CREMATORY	RD 23 Da LO	CATION Y LAIN	town, or cou	(State)
MAR 15	1965 Robert	24B. NAME	OF REGISTRAN VER	SIP. FUNI MORTIJ	ARY SI	SCHOOL	BCHR	DRESS
VS 151-REV. 1/1/	65	3 5	- No.	6-m /	7 9	MATEUL "	17-17-11-11	



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

WHAT COUNTRY?

**ADDRESS** 

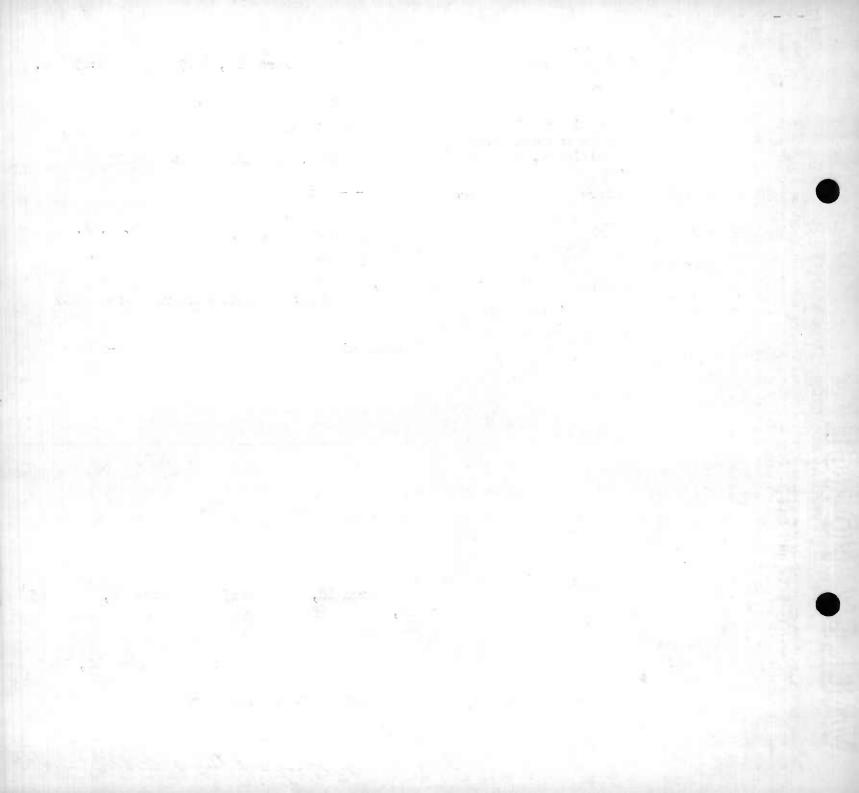
INTERVAL BETWEEN ONSET AND DEATH

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

Latherdon Carpellary Lat College Const. 3/2/45 0.12 Howard was a decomposit onward. 2 15 3 7 faster har from

BALTIMORE CITY HEALTH DEPARTMENT

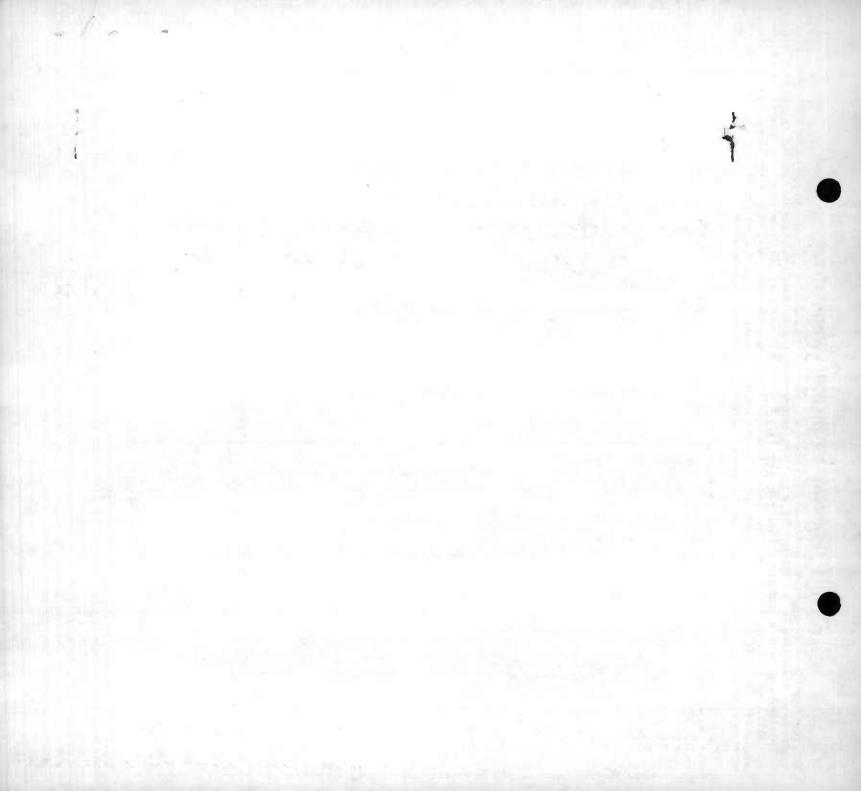


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Bo)timore City, give exact location) and that in (my) four) aplaian death accurred on the date 23 & DATE SIGNED City, town, or countyl SILMOR UN



	CE ON	<b>CO</b>		Y HEALTH DEPARTMENT		65 2	759
	NO. 65 27.		CERTIFICA	ATE OF DEATH	AND HOUR OF DEATH		
Type o	r Print)		AREIS SA.	3-	14-65	9:	:58 P
. PLA	CE OF DEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived. 11 i	nstitution; residence	holoso admissio
	NAME OF (If not in oddress	hospital or institution or location)	, give sheet	C. CITY OR TOWN (IF	anisida sin liminin		) 
INST	ITUTION			BALTIMORE	ouside city limits, whie	KORAL and give to	wnsnip/
TH	IE JOHNS HOP	PKINS HOS	PITAL	D. STREET ADDRESS 616 N. CH	(If rurol, give location) ESTER ST.	and the	
SEX	6. RACE	7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months! Doys	If Under 24 Hr.
MAE			OWED (specify)	11-26-81	83	7.1011115	10013
	UAL OCCUPATION (Give king most of working lile, even	if satisad)		Y 11. BIRTHPLACE (Stote or I		12. CITIZEN OF WHAT COU	
Y	NOVER	PETE	EMPLOYED	MARYLAN		0-5.	A.
	JOHN GAREIS			AMELIA SC			
S. Was	Deceased Ever in U. S. A or upknown) (If yes, give w	Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	, / 0	ADDRE	SS
1	16		JECOKIII NO.	The Serane V.	Wheeler-52	7 N. Kes	wood a
18.	34011		CAUSE	OF DEATH		INTERVA	L BETWEEN
	DISEASE OR COND!		Mens	NGITIS		1 0	
(Th	is does not meen the	mode of dying, e.	DUE TO		ক্ৰম কৰ্মানৰ্থ কৰা		***************
	ury or complication which		·	EUMOCOCCAL E	MPYFMA	3 WI	EEKS
	ANTECEDENT	CAUSES	DUE TO	EUNOOUOOKE E			
	SEASES OR CONDITIO						
UN	IDERLYING CONDITION	lost.					
N OT	HER SIGNIFICANT COND		NG				
₹ DI	SEASE OR CONDITION CA	AUSING IT.		OCCULT NEO		1 YE	
19A 21A	DATE OF OPERATION	19B. CONDITION FOI WAS PERFORMED	WHICH OPERATION	No	No) 20B. IF YES, WERE	FINDINGS CONSID AUSES OF DEATH?	ERED
OR	A. ACCIDENT WAS UNDE CONTRIBUTING CAUS	E OF h	1 B. PLACE OF INJURY (e.g., ome, form, foctory, street,	in or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct I	ocotion)
210			1E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
₩ OF	INJURY PROX.)	V	Vhile At Not Wh	ile 🗆		, ,	
				EBRUARY 26,	19 65 10 MA	RCH 14,	19 65
	t (IX (we) last sow the		M 1/1		that in (My) (our) op		
one	haur and fram the cau	ses stated obove.	(We) (did) (did nex)	view the body ofter deat			
23A	SIGNATURE	1				23 B. DATE SIGNE	
	Virgil	Drow		tending Med. ys. Director	Stoff Phys. XX	3-14-6	5
23 C	NAME (Type)			23D. ADDRESS	anutua Haa	D.1 T.4.	
24A BI	VIRGIL BR	O W N	M.D.	THE JOHNS H		PITAL	) (Stote)
RE	MOVAL (Specify)	-17-15		0	D	Mo-	(31016)
25A. D.	ATE REC'D BY HEALTH D	EPT.   258, NAM	SALTIMORE OF REGISTRAR	PAC. FUNERAL DIRECT	TOR (		ORES\$
	MAR 15 1	965 100	+ Stalle MA	A TONO N	11000-23	34 Velde	te I mar
	4314.41.4.45.45.44.4	The state of the s		A MARCHANTER DE	ATTOMAN AND	- A T 100	

1 1 1 Y

,

6. RACE

done during most of working life, even if retired)

DETECTIVE 13. FATHER'S NAME

White

UNKNOWN 15, WAS DECEASED EVER IN U.S. ARMED FORCES?

> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE

H

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

12

23B. DATE

rosulted from: Notural causes

19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

65

Inquiry

Charles S. Petty M.D.

65

UNDERLYING CONDITION LAST.

DISEASE OR CONDITION CAUSING IT.

21 A. EXTERNAL CAUSE WAS

UNDERLYING MOR CONTRIB-UTING CAUSE OF DEATH.

3

I certify that I held on

(Yes, no or unknown), (If yes, give wor or dotes of service)

5. SEX

Male

No 18.

NO

CAT

CERTI

MEDICAL

21 D TIME

OF INJURY (APPROX.)

ACTUAL

URIAL 24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION.

22.

7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED(specify)

POLICE

SEPARATED

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (Stote or foreign country)

16. SO CIAL

SECURITY NO.

DUE TO

DUE TO

Hospital

21E. INJURY OCCURRED

Inspection

Accident

248, NAME OF REGISTRAR

8. DATE OF BIRTH

% INFORMANT

(A) Gunshot Wound of Head.

Yes

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR?

AT WORK & Shot self in head.

M.D. ASSISTANT MEDICAL EXAMINER X

24C. FUNERAL DIRECTOR

arles

ASSOCIATE MEDICAL EXAMINER

Homicide

to M.

21F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

23D. LOCATION

CAUSE OF DEATH

Autopsy X

Suicide x

23C. NAME of CEMETERY of CREMATORY

GALTIMORE

617 St. Paul Street

NKNOWN

20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED

Mercy Hospital Accident Room

and that on this bosis, death in my apinion

Undetermined monner

IN CERTIFYING CAUSES OF DEATH?

MARYLAND

4. MOTHER'S MAIDEN NAME

9. AGE (In years

lost birthdoy

89

4:00 P

If Under 1 Yr, If Under 24 Hrs.

Months, Doys, Hours, Min.

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

Yes

DATE SIGNED

(Stote)

3/13/65

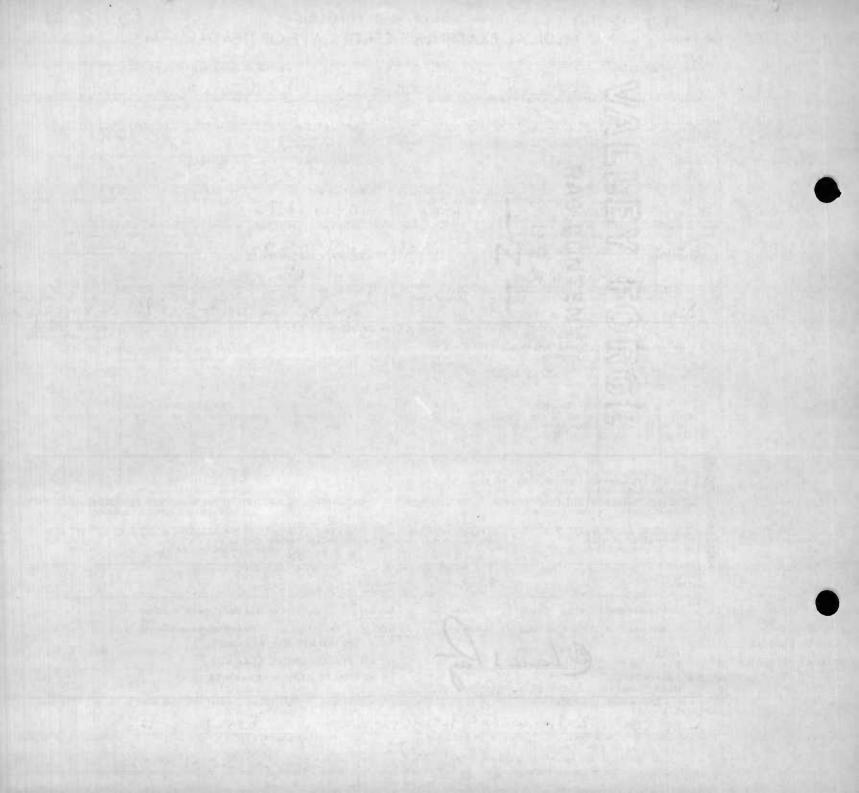
ADDRESS

(City, town, or county)

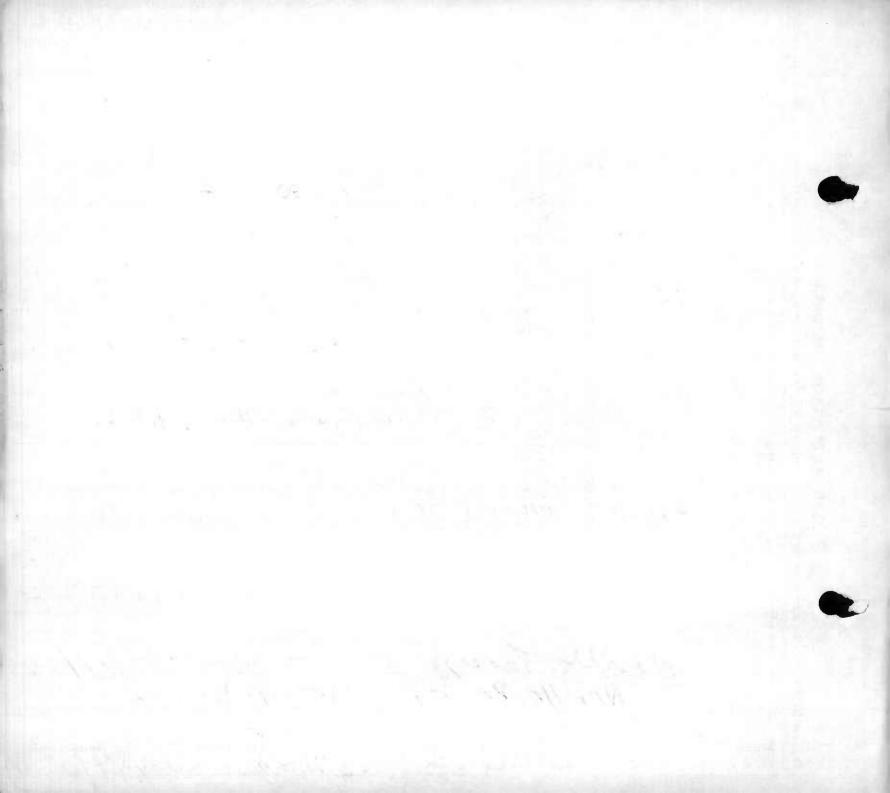
12. CITIZEN OF WHAT COUNTRY?

ADDRESS

803



M 240	CE Chin	TE OF DEATH Registered No. 65 2761
to e b o t	M.E. CASE NO.	TE OF DEATH Registered No.
deatlease	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
7 0 5	Edmund J. Meisel	3-14-65 2 AM.
at the contract of the contrac	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceosed lived. II institution: residence belore admission) A. STATE B. COUNTY
S = (S = 0	FULL NAME OF (If not in hospital or institution, give street	macylond /-0)
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
n a car	n n	BAITIMORE.
	Mercy.	D. STREET ADDRESS (ff rurol, give locotion)
9 4 9 5 9	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years If Under 1 Yr., If Under 24 Hrs.
trib min gule	WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occupanting and a second secon	10A, USUAL O CCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF
th con	done during most of working life, even if refired)	WHAT COUNTRY?
deat Unde as in	CLERK	MARYCAND U-S.A.
if d ect wa wa the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Joseph Meisel	Elizabeth Drautwein.
AN Stan	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)  SECURITY NO.	
RTAI ssista the the dea	No	Mrs. Carolya B. Sylwester - 1647 Coveryter St
A #	1B. CAUSE O	F DEATH INTERVAL BETWEEN
APC So, ii of an	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
OR: IMI	LEADING TO DEATH	dIAL ARREST 4 days.
R: ner er. ctur pron	heart failure, asthenia, etc. If means the disease,	
and	injury at camplication which caused death.)	
E E P O O O O O O O O O O O O O O O O O	ANTECEDENT CAUSES  (B)  DUE TO	
ECTOR: examiner xaminer xaminer y A fractu who pro	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	long dis effole as stitis.
	UNDERLYING CONDITION losf.	
Medical medical sedical burns; (hysicia in was remains		
ALL ALL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
FUN tal by one; (2) Book; (2) Book to physical		Yes.  n or about [21 C. WHERE DID (If in Boltimore City, give exact location)
=======================================	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?
	O I	21F. HOW DID INJURY OCCUR?
ed k	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  S (APPROX.)  While At Not While	
proved b the hosp ny natur except w and (6)	VVOIK AT VVOIK	
th the cop of o	22. I certify that (I) (this hospital) attended the deceased fram	3 1 1 6 5 19 10 3 1 4 19 6 5.
be to the be		19
sed sed	and hour and from the causes stated above. (1) (We) (did) (did nat) v	
der der mu	23A. SIGNATURE	23B. DATE SIGNED
must eleas ccide a hos to da	Phys	
or and over	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
certification (S) An B.O.A. at assed prior	NEVILLE VEREYUM.D.	MERCY HOSP.
+	DELACITATION OF THE PROPERTY O	MATORY 24D. LOCATION (Cyy, lown, or county) (State)
bod ws: (D.C.	BURIAL 3-17-65 ST. MATTHEW	IS CEM. BALTO, MO
This cer the bod shows: was D.( decease	25A DATE BECOD BY HEALTH DEPT 25B NAME OF REGISTRAD	25C. EUNET AL DIRECTOR
たれるメウン	MAR 15 1965 Relief Entarbush a	Janua Willer - 2334 6 Heun St
	VS 150-REV. 1/1/65	7/1/



IMPORTAN

DIRECTOR:

FUNERAL

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3 31-3-3 TLAG 37-12 TAIR

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Burner of the Children of Burner for 1971 is 1971.

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Spirit . 4 - Times

J. Q Q		TH NO. E. CASE NO.	M	EDICAL E.	XAMINER'S C	EKTIFICA	IE OF L	EAIL Registe	ered No	
	1. (Tv	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
				JOHN	A. JASCHIK			3/13	1/65 14:55	р. м.
	3. 1	PLACE IN BAL	TIMORE, MARYLAN	D, WHERE PRONO	UNCED DEAD	A. STATE		leceased lived. If ins B. COI	titution: residence be UNTY	ore odmission)
		LL NAME OF	(IF NOT IN HO	SPITAL OR INSTIT	TUTION, GIVE STREET		aryland	corporate limits, write	- PIIPAL and also A	
	IN S	SPITAL OR	ADDRESS OR	LOCATION)			altimor	1	KOKAL ONO GIV	
	112					D. STREET ADD		- Land		/
	7	Shr	ath Baltimo	na Ganana	1 Hospital	D. STREET ADD				
	5. 9		6. RACE		, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If	Under 24 Hrs.
	m.	ale	white		DIVORCED (specify)	Jan 3, 1	914	51	Months Doys	lours Min.
				of work TOB. KIND	OF BUSINESS OR INDUSTR	//			12. CITIZEN OF	-
	don	/ R	working life, even if rel	ired)		Bak	to M	D.	WHAT COUN	TRY?
	13.	LALOZE FATHER'S NAM				14. MOTHER'S A	- /			-
		6	ace Jus	rlik		mas	1 Jam	6		
	15.	WAS DECEAS	ED EVER IN U.S. AL	MED FORCES?	16. SO CIAL	17. INFORMANT	10		ADDRESS	
	(Ye	year	n) (If yes, give wor o	f dotes of service	216-07-2485	Fum	. Ly		Some	
	-	18.	wai			OF DEATH			INTERV	L BETWEEN
	1	DICEA	I CONDITION	DIRECTIV						AND DEATH
			ASE OR CONDITION LEADING TO D	EATH		ensive car	rdiovasci	ular diseas	e	
		heart tollure	not meon the mode, asthenia, etc. It	neons the disease,	DUE TO	**********************	***************************************	••		
		injury or co	amplication which co	used death.)						
			ANTECENDENT CA		(B)					
		RISE TO TH	OR CONDITIONS, HE ABOVE CAUSE (	A) STATING THE	DUE TO					
	7	UNDERLYI	ING CONDITION L	AST.	(C)					
	은									
	CATION		SNIFICANT CONDITI			Ohaai	A		9	
	FICA	TO THE	ONIFICANT CONDITION DEATH BUT NO	T RELATED TO	THE	Obesi	ty	•••••		
	ERTIFICA	TO THE	ONIFICANT CONDITION DEATH BUT NO DR CONDITION CAL	T RELATED TO JSING IT. CONDITION FOR		20 A. AUTOPS	1? (Yes or No)	20B. IF YES, WERE FI		 ED
	L CERTIFICA	TO THE DISEASE O	GNIFICANT CONDITION DEATH BUT NO DR CONDITION CAL	T RELATED TO JSING IT. CONDITION FOR S PERFORMED	WHICH OPERATION	20A. AUTOPS	(? (Yes or No)	N CERTELING CAU	SES OF DEATH?	ED
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	AL CERTIFICA	TO THE DISEASE OF THE	GNIFICANT CONDITION DEATH BUT NO DR CONDITION CALL FOR CONDITION 19B. WAS AL CAUSE WAS GOT ROOMED	T RELATED TO JSING IT. CONDITION FOR PERFORMED  21B. hom etc.	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, 21E. INJURY OCCURRED	20 A. AUTOPS' yes in or obout 21 C. 'office bldg., INJUR	(? (Yes or No)	N CERTIFIED CAU	SES OF DEATH?	ED .
	EDICAL CERTIFICA	TO THE DISEASE OF THE	CONTRIBUTION CAUSE OF DEATH.	T RELATED TO JSING IT. CONDITION FOR PERFORMED  21 B. hom etc. (Yeor) (Hour)	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, te)  21E. INJURY OCCURRED  WHILE AT NOT	20 A. AUTOPS' yes in or obout 21 C. office bldg.,	Y? (Yes or No) [3]	N CERTIFIED CAU	SES OF DEATH?	ED .
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	EDICAL CERTIFICA	TO THE DISEASE OF 19A. DATE OF 19A. EXTERNA UNDERLYING UTING CAL  21D TIME OF INJURY (APPROX.)  22. I cer	CONFICANT CONDITION CALL PROPERTIES OF CONTRIBUSE OF DEATH.  Contribution (Month) (Doy)	T RELATED TO JSING IT.  CONDITION FOR S PERFORMED  21B. hom etc.  (Yeor) (Hour)  m. Inquiry	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, factory, street, factory, str	20A. AUTOPS  yes in or obout 21C. office bldg., INJUR  21F. H	(? (Yes or No) ()  WHERE DID () Y OCCUR?	Fin Boltimore City, g	ive exact location)	ED .
	EDICAL CERTIFICA	TO THE DISEASE OF 19A. DATE OF 19A. EXTERNA UNDERLYING UTING CAL  21D TIME OF INJURY (APPROX.)  22. I cer	CONFICANT CONDITION CALLET NO CONDITION CALLET NO CALLET	T RELATED TO JSING IT.  CONDITION FOR S PERFORMED  21B. hom etc.  (Yeor) (Hour)  m. Inquiry	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street,	20A. AUTOPS  yes in or obout 21C. office bldg., INJUR  21F. H  WHILE /ORK  topsy c or	(? (Yes or No) ()  WHERE DID ()  Y OCCUR?  OW DID INJU  d that on this	Fin Boltimore City, g	ive exact location)  my apinion  er	
	EDICAL CERTIFICA	TO THE DISEASE OF 19A. DATE OF 19A. EXTERNA UNDERLYING UTING CAL  21D TIME OF INJURY (APPROX.)  22. I cer resu	CONTRIBUTE OF DEATH.  CAUSE WAS DOR CONTRIBUSE OF DEATH.  (Month) (Doy)  Trify that I held an olded fram: Natura	T RELATED TO JSING IT.  CONDITION FOR S PERFORMED  21B. hom etc.  (Yeor) (Hour)  m. Inquiry	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, te, form, foctory)  21E. INJURY OCCURRED  WHILE AT NOT NOT NOT WORK  Inspection Au  Accident Suicid	20 A. AUTOPS: yes in or about 21 C. office bldg., INJUR 21 F. H WHILE YORK topsy & or CHIEF A	(? (Yes or No) 2  WHERE DID (I Y OCCUR?  OW DID INJU  Ind that on this ide U  REDICAL EXA	RY OCCUR?	ive exact location)  my apinion  er	SIGNED
	EDICAL CERTIFICA	TO THE DISEASE OF 19A. DATE OF 19A. EXTERNA UNDERLYING UTING CAL  21D TIME OF INJURY (APPROX.)  22. I cer resu  ACTUA SIGNAT	CONFICANT CONDITION CALL  CONTROL TO THE CONTROL  CONTROL	T RELATED TO JSING IT.  CONDITION FOR S PERFORMED  21B. hom etc.  (Yeor) (Hour)  m. Inquiry	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, factory, street, factory, str	20 A. AUTOPS  yes  in or about 21 C. office bldg., INJUR  21 F. H  VORK  topsy & or  CHIEF A  ASSISTANT A	(? (Yes or No) 2 WHERE DID (I Y OCCUR? OW DID INJU	RY OCCUR?  s bosis, death in andetermined monn AMINER  AMINER	ses OF DEATH?  ive exact location)  my apinion  er   DAT!	
	MEDICAL CERTIFICA	TO THE DISEASE OF THE	CONTRIBUTE OF DEATH.  AL CAUSE WAS OF CONTRIBUSE OF DEATH.  (Month) (Doy)  Triffy that I held an olded fram: Natural N	T RELATED TO JSING IT.  CONDITION FOR S PERFORMED  21B. hom etc.  (Yeor) (Hour)  m. Inquiry	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, te, form, foctory)  21E. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20 A. AUTOPS: yes in or about 21 C. office bldg., INJUR 21 F. H WHILE YORK topsy & or CHIEF A	(? (Yes or No) 2 WHERE DID (I Y OCCUR? OW DID INJU	RY OCCUR?  s bosis, death in andetermined monn AMINER  AMINER	ive exact location)  my apinion  er	
	MEDICAL CERTIFICA	TO THE DISEASE OF INJURY (APPROX.)  22. I cer resu ACTUA SIGNAT EXAMINAME (A. BURIAL CRI	CONTRIBUTION CALL TURE NER'S (Type)  ENTITLE STATE OF THE	T RELATED TO JSING IT. CONDITION FOR PERFORMED  21B. hom etc. (Year) (Hour) m. Inquiry Inquiry Incouses X  There II. S	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, te, form, foctory)  21E. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	20A. AUTOPS:  yes in or obout 21C. office bldg., INJUR  21F. H  WHILE ORK  CHIEF M  ASSISTANT M  ASSOCIATE M	WHERE DID (I) WHERE DID (I) Y OCCUR?  OW DID INJU  Ind that on this ide U  REDICAL EXAMEDICAL EXAME	RY OCCUR?  s bosis, death in andetermined monn AMINER  AMINER  AMINER	ses OF DEATH?  ive exact location)  my apinion  er   DAT!	
	MEDICAL CERTIFICA	TO THE DISEASE OF THE	CONTRIBUTE OF CO	T RELATED TO JSING IT. CONDITION FOR PERFORMED  21B. hom etc. (Year) (Hour) m. Inquiry Inquiry Incouses X  There II. S	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, te, form, foctory)  21E. INJURY OCCURRED  WHILE AT NOT NOT NOT WORK  Inspection Au  Accident Suicid  M.D  pitz. M.D.	20A. AUTOPS:  yes in or obout 21C. office bldg., INJUR  21F. H  WHILE ORK  CHIEF M  ASSISTANT M  ASSOCIATE M	WHERE DID (I) WHERE DID (I) Y OCCUR?  OW DID INJU  Ind that on this ide U  REDICAL EXAMEDICAL EXAME	RY OCCUR?  s bosis, death in andetermined monn AMINER  AMINER  AMINER	ses OF DEATH?  ive exact location)  my aplnion er   DATE  3/12/65	SIGNED
	MEDICAL CERTIFICA	TO THE DISEASE OF INJURY (APPROX.)  22. I cer resu ACTUA SIGNAT EXAMINAME (A. BURIAL CRIMOVAL (Specific Country)	CONTRIBUTION (Month) (Doy)  AL CAUSE WAS (DOR CONTRIBUSE OF DEATH.  (Month) (Doy)  Triffy that I held an olded fram: Noture NET'S (Type)  EMATION, 23B. DA (Type)  BY HEALTH DEPT.	T RELATED TO JSING IT.  CONDITION FOR PERFORMED  21B. hom etc.  (Yeor) (Hour)  m. Inquiry   rner U. S  TE  24B. NAME	WHICH OPERATION  PLACE OF INJURY (e.g., te, form, foctory, street, stre	20A. AUTOPS  YES  in or obout 21C. office bldg., INJUR  21F. H  WHILE ORK  CHIEF M  ASSISTANT M  ASSOCIATE M  OF CREMATORY  24C. FUNE	WHERE DID (1) WHERE DID (1) Y OCCUR?  OW DID INJU  IN THE DICAL EXAMEDICAL EX	TO CETTERING CAU  f in Boltimore City, g  RY OCCUR?  S bosis, death in the state of	ses OF DEATH?  ive exact location)  my aplnion er   DATE  3/12/65	SIGNED
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Mindell- Const

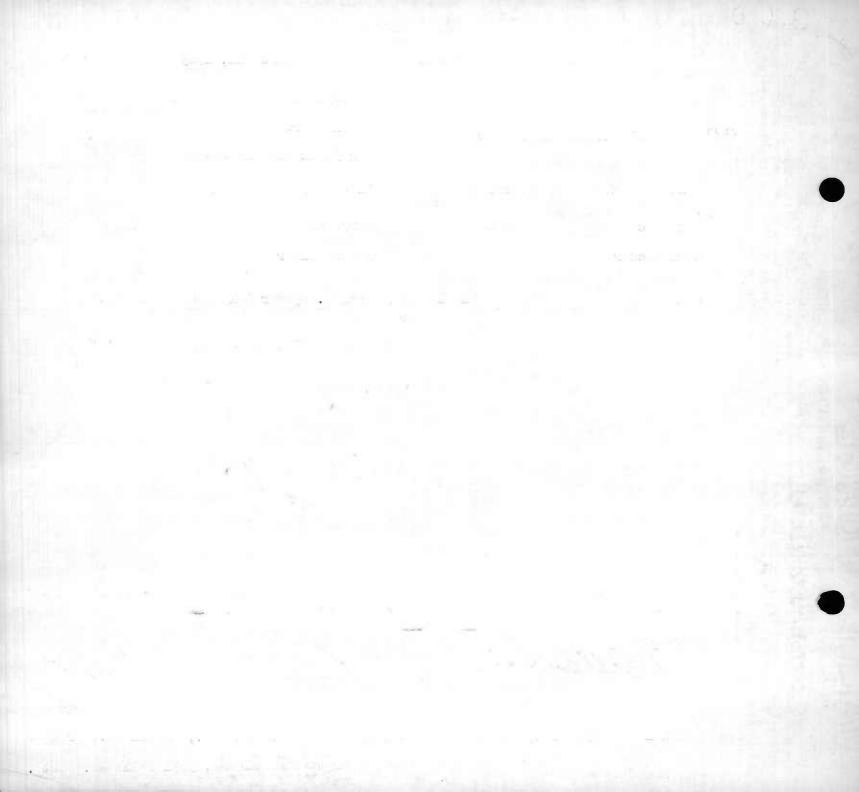
VS 150-REV. 1/1/65

Language Colony No water Moderal

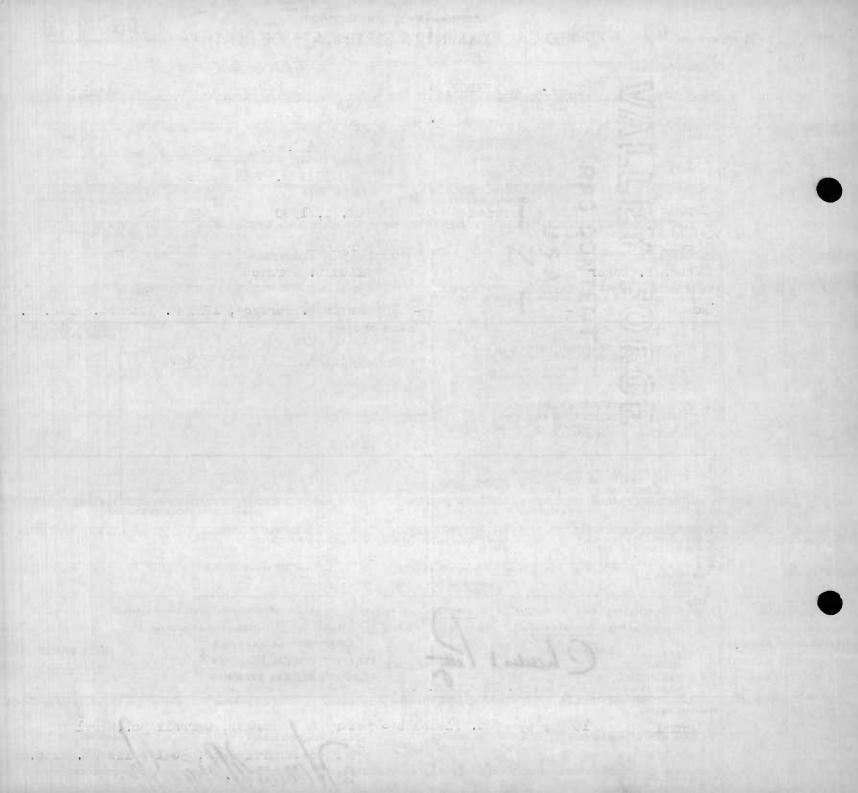
B-6:	10	BIRTH NO.	5 2765	MEDICAL E	BALTIMORE CITY HE			EATH Registe	65 red No	2765
		M.E. CASE NO					To DATE AND	HOUR PRONOUNCE	ED DEAD	
		(Type or Print)	HARRIET	TT M. BE	RK			12, 1965		10:42 P
		3. PLACE IN B	ALTIMORE, MARYLA	ND, WHERE PRON	OUNCED DLAD	4. USUAL RESID			tution: reside	ence belore odmission
		FULL NAME			TUTION, GIVE STREET	Ma	ryland	corporate limits, write		d aire terrebiel
		HOSPITAL OR	ADDRESS OF	R LOCATION)			ltimore	21210	KOKAL SHO	2-01
	44	Uni	on Memorial	Hospital		D. STREET ADD			10	
	17					11	6 W. Uni	versity Pa	rkway	
		5. SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years last birthday)		Yr. If Under 24 Hrs Doys : Hours , Min.
		Female		W	i <b>d</b> owed	Sept. 30		76		
			CCUPATION (Give kind t of working life, even if OUS EWIFE		OF BUSINESS OR INDUS	Ma	ryland	country)	U.S.	COUNTRY?
		13. FATHER'S		e S. Thorn	ton	14. MOTHER'S N	ett Till	son	24	
		15 WAS DECE	ASED EVER IN U.S.		[16. SO CIAL	17. INFORMANT	ccc iiii	3011	ADDRESS	9
		(Yes, no or unkn	own) (II yes, give wor				Thornt	on 2623 Wer		Road, 21234
		NO	0.00			SE OF DEATH	- Inorne	011, 2023 WEI		INTERVAL BETWEEN
		(This do head loi injury or DISEAS RISE TO	SEASE OR CONDITI LEADING TO es not meon the m lure, osthenio, etc. li complication which of ANTECENDENT ES OR CONDITION THE ABOVE CAUSE LYING CONDITION	DEATH node of dying e.f t meons the discost coused deoth,)  CAUSES IS, IF ANY, GIVING E (A) STATING TH	DUE TO	eriosclerot	ic Card	lovascular l	Diseas	e.
		NOI -			(C)					************************
		OTHER TO TH	SIGNIFICANT COND IE DEATH BUT N E OR CONDITION C.	NOT RELATED TO		Liver and E	Early Ci	rhosis.		
		19A, DATE	OF OPERATION 19	AS PERFORMED	R WHICH OPERATION		1	OB. IF YES, WERE FIR		
		O UNDERLYIN	RNAL CAUSE WAS	21 ho	B. PLACE OF INJURY (e., me, form, foctory, street,	y, in or obout 21C. Yes	WHERE DID (	in Boltimore City, gi	ve exoct loc	Yes
		21D TIME OF INJURY (APPROX.)	(Month) (Doy)	Yeor) (Hour)	21E INJURY OCCURRE	D 21 F. H	OW DID INJUI	RY OCCUR?		
		22.	certify that I held				d that an this	basis, death in m	ny opinian	
		re	sulted from: Natu	oral causes X	Accident Sule	Ide Homic	ide U	ndetermined manne	er 🗌	
		ACT		/	//		EDICAL EXA			DATE SIGNED
		SIGN	ATURE	hacles )	1 sty M	D. ASSISTANT M				3/13/65
			MINER'S E (Type) Char	cles S. Pe	ttv. M.D.	ASSOCIATE A	AEDICAL EX	AMINER		
		23A. BURIAL	CREMATION, 23B. D		23C. NAME of CEMETER	or CREMATORY	23 D. LO	CATION (City,	, town, or co	ounty) (Stote)
		BUR]		<b>-16</b> =65	Loudon Par	k Cemetery		Baltimore		
		24A. DATE RE	C'D BY HEALTH DEP		E OF REGISTRAR		AL DIRECTOR			DDRESS
			MAR 15	1965 12.2	In En Farley M.	Wm.Coo	k, Inc. 1	217 S <sub>t</sub> .Paul	Stree	et, 21202
		VS 151-REV.		3	11 47 11	4	7 11			

	e or Print)	EASED	RD ANDRE	W BECKER		ch 11, 1965	H 1/8"A
3. [	PLACE OF DE	ATH IN BALTIMORE, MA			A. STATE B. CC	Where deceased lived. If	institution: residence before ac
1	FULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital oddress or location	or institution, (	give street		outside city limits, write	e RURAL and give township)
0	1	4430 Clydesdal	le Avenu	e		(If rural, give location)	
						sdale Avenue	
5. \$	Male	White		NEVER MARRIED D. DIVORCED (specify) ed	B. DATE OF BIRTH 21 Jan 1904	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
		working life, even if retired)	Trucks		Maryla nd	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA		22 00111		14. MOTHER'S MAIDEN	NAME	
	Carl Be				Agnes Miller		
15.	Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	n) (If yes, give wor or dole	a di selvice)	215 10 6951	Carl R. B. cke	er 2815 Rona	Road Balto 7 Mc
-	1B.	2 DYIV-2	60 X	CAUSE	OF DEATH		INTERVAL BETWO
	DISEA	SE OR CONDITION DI	RECTLY	/2	, , 11	1.	
	(This does	LEADING TO DEATH not mean the mode of	dvina e.a	(A) Ce	selval llex	meson	5 days
	heart foilure,	osthenia, etc. Il means	the disease,	0.	rebral the	1	¥
	milary or con	inplication which coused	Jeom./	15/10	// • / •	11/1/11/11	
		ANTECEDENT CAUSES		(B)	revalezed a	or coray	1201
		ANTECEDENT CAUSES OR CONDITIONS, if		(B) DUE TO	revalezed a	a condy	120
	DISEASES (	OR CONDITIONS, if a bove cause (A)	any, giving	DUE TO	revalized a	ne coay	pos
	DISEASES (	OR CONDITIONS, if ne above cause (A) G CONDITION last.	any, giving	DOE 10	revaliged a	ne cosay	, ica
ATION	DISEASES (rise to the UN DERLYIN) OTHER SIGN TO THE D	OR CONDITIONS, if the above cause (A) G CONDITION last.	any, giving stoling the	(C)	cality m		n n n n n n n n n n n n n n n n n n n
RTIFICATION	DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	OR CONDITIONS, if the above cause (A) G CONDITION last.  II THECANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING	any, giving stoling the CONTRIBUTION TO THE IT.	(C)	<u> </u>	illeten	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF THE O	OR CONDITIONS, if the above cause (A) G CONDITION last.  II HIFICANT CONDITIONS OF DEATH BUT NOT RELA CONDITION CAUSING F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF Ty medical examines  I Month) I Doy) (Yeor)  I that (I) (this hospital That saw the decease and fram the causes sta  URE  AN'S Type)	any, giving stoling the CONTRIBUTION ATED TO THE IT.  Whometc.  Whometc.  Whometc.  Whometc.  Whometc.  Whometc.  Whometc.  Whometc.  Thour) 21E.  Whometc.  Whometc.  Whometc.  Whometc.	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, form)  INJURY OCCURRED  ile At Not What At Work  he deceased from M.D. At Ph  M.D. At Ph	20 A. AUTOPSY? (Yes of The State of The Stat	INOI 20B. IF YES, WER IN CERTIFYING CO.  (If in Boltim  INJURY OCCUR?  1965 to  I that in(my) ( at a th.  Stoff Phys.	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exect locolion)  19  19  19  19  23B. DATE SIGNED  23/3/6.5
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MEDICAL CERTIFIC	DISEASES  rise to the UNDERLYIN.  OTHER SIGN TO THE DISEASE OR 19A. DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (APPROX.)  23C. PHYSICIA NAME (CARPONAL CARPONAL (CARPONAL CARPONAL CA	OR CONDITIONS, if the above cause (A) G CONDITION last.  II SIFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 198. CONWAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical exominer)  I Month) Doy) (Year)  I that (I) (this hospital that saw the decease and fram the causes stated from the cause s	any, giving stoling the CONTRIBUTING ATED TO THE INTERPOLATION FOR WE INTERPOLATION FOR WE INTERPOLATION TO THE IN	WHICH OPERATION  PLACE OF INJURY (e.g., le, form, foctory, street, le, form	20A. AUTOPSY? (Yes of The State	INDICATION  INDICA	DEFINDINGS CONSIDERED CAUSES OF DEATH?  For City, give exact location)  19  19  19  19  19  19  19  19  19  1
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBE OF CONTRIBE OF INJURY (APPROX.)  22. I certify that (I) (me) and haur an 23A. SIGNATI  23C. PHYSICIA NAME (C. BURIAL CRE	OR CONDITIONS, if the above cause (A) G CONDITION last.  II IIIFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 198. CONWAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)  I Month) IDoy) (Yeor)  I that (I) (this hospital that saw the decease and fram the causes stated from the	any, giving stoling the CONTRIBUTING ATED TO THE INTERPOLATION FOR WE INTERPOLATION FOR WE INTERPOLATION TO THE IN	WHICH OPERATION  PLACE OF INJURY (e.g., le, form, foctory, street, le, form	20A. AUTOPSY? (Yes of The State	INDICATION  Stoff Phys.   LOCATION  1020B. IF YES, WER IN CERTIFYING CO.  (If in Boltim Bolti	RE FINDINGS CONSIDERED CAUSES OF DEATH?  Thore City, give exoct locolion)  19  19  19  19  19  19  19  19  19  1

FUNERAL DIRECTOR: IMPORTANT



RI	1 20	BALTIMORE CITY HEALTH DEPARTMENT  BIRTH NO. 65 276 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2768
( t	OV	M.E. CASE NO.  1. NAME OF DECEASED  12. DATE AND HOUR PRONOUNCED DEAD
0		ADA F. PEREGOY March 13, 1965 10:05 A M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give to wishin)  Baltimore
	49	Union Memorial Hospital  D. STREET ADDRESS (If rurol, give locosion)  1217 W. 37th Street
		5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors lost birthday)   Months, Doys   Hours Min.   Female   White   Married   Feb. 1. 1900   65
		10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Housewife  Maryland  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  USA
		James M. Baker  14. MOTHER'S MAIDEN NAME Alice L. Gorsuch
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
		(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.  NO - Marvin H. Peregoy, 1217 W. 37th St. Balto. Md.
		1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Heart Disease. (This does not meen the mode of dying e.g., Due to
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
		ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
		NO NO CERTIFYING CAUSES OF DEATH?
		21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- OUTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout location) INJURY OCCUR?  (If in Boltimore City, give exact location) INJURY OCCUR?
		21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  (APPROX.) WHILE AT NOT WHILE AT WORK
		22. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion
		resulted fram: Natural causes X Accident Suicide Hamloide Undetermined manner
		ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
		SIGNATURE 1 1 etc. M.D. ASSISTANT MEDICAL EXAMINER 3/13/65
		EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER
		23A, BURIAL CREMATION, REMOVAL (Specify)  23B, DATE  23C, NAME of CEMETERY or CREMATORY  23D, LOCATION (City, town, or county) (Stote)
		Birial 16 Mar 65 Mt. Pleasant Cemetery / Gamber, Carroll Co. Maryland
		MAR 15 1965 248, NAME OF REGISTRAR Burgee Funeral difference 3631 Falls Rd. Balto.M

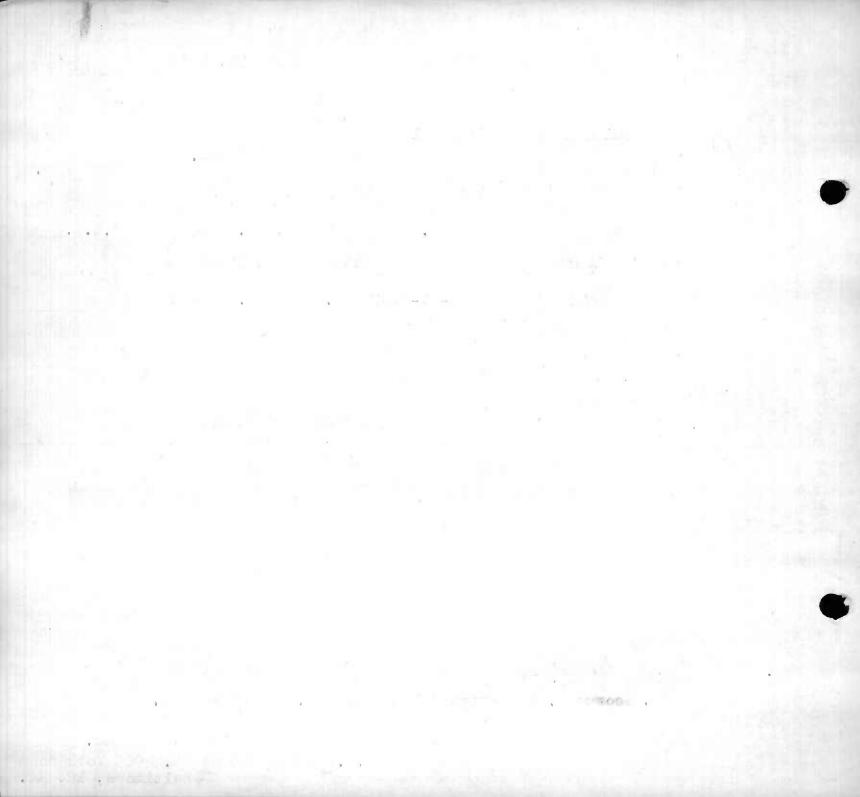


	BALTIMORE CITY HEA	ALTH DEPARTMENT
	BIRTH NO. 00 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 65 2765
11230	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
HO	(Type or Print) SARAH HASTINGS	March 11, 1965   12:50 P M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  8. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Anne Arundel  C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
	HOSPITAL OR ADDRESS OR LOCATION)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
411	Union Memorial Hospital	D. STREET ADDRESS (If rural, give location)
		x3300x 8xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs last birthday)  Manths Days Haurs Min.
	Female White Widow  10A. USUAL OCCUPATION (Give kind of work) OR. KIND OF BUSINESS OR INDUST	June 12/85  RY(11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF
	dane during most of working life, even if retired) Housekeeper Domestic	Pennsylvania U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Rudolph H <sup>over</sup>	(unknomm)
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no arunknawn) (If yes, give, war, or dojes, of service) SECURITY NO.	17. INFORMANT ADDRESS
	no ////////////////////////////////////	Mrs. Belva Jeffrey (daughter) Same As #
	7 × 8 0 0 1	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ALCOHOLD TO		riosclerotic Heart Disease.
10 071272-123	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	Z (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	E DISEASE ON CONDITION CAUSING II.	Total All Today (V N.) 1005 LP VE DUPP FINDINGS CONCEPTED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes
	✓ 21A, EXTERNAL CAUSE WAS OUNDERLYING OR CONTRIB-	, in ar about 21C, WHERE DID (If in Baltimare City, give exact lacation) office bldg, INJURY OCCUR?
	UTING CAUSE OF DEATH.	Unice Bidge HAJORI OCCOR:
	21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	m. WORK AT	WORK 7
	22. I certify that I held on Inquity I lospection	utopsy ond that on this bosis, death in my oplnlon
	resulted from: Notural causes X Accident Suici	
	ACTUAL (C)	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE CLEELES SIELES M.	D. ASSISTANT MEDICAL EXAMINER   3/11/65
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINEN
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, ar caunly) (State)
	Burial March 15/65 King's Meth.	Church Eem. Laurel , Delewary
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	MAR 15 1965 Robert E. Falley M.	Richard V. Singleton, Glen Burnie, N
	VS 151-REV. 1/1/65	

Claus la 在各种的时间,在中的时间,是我们在中心的时间,这种形式。而且是一种的一种。 with the first the state of the

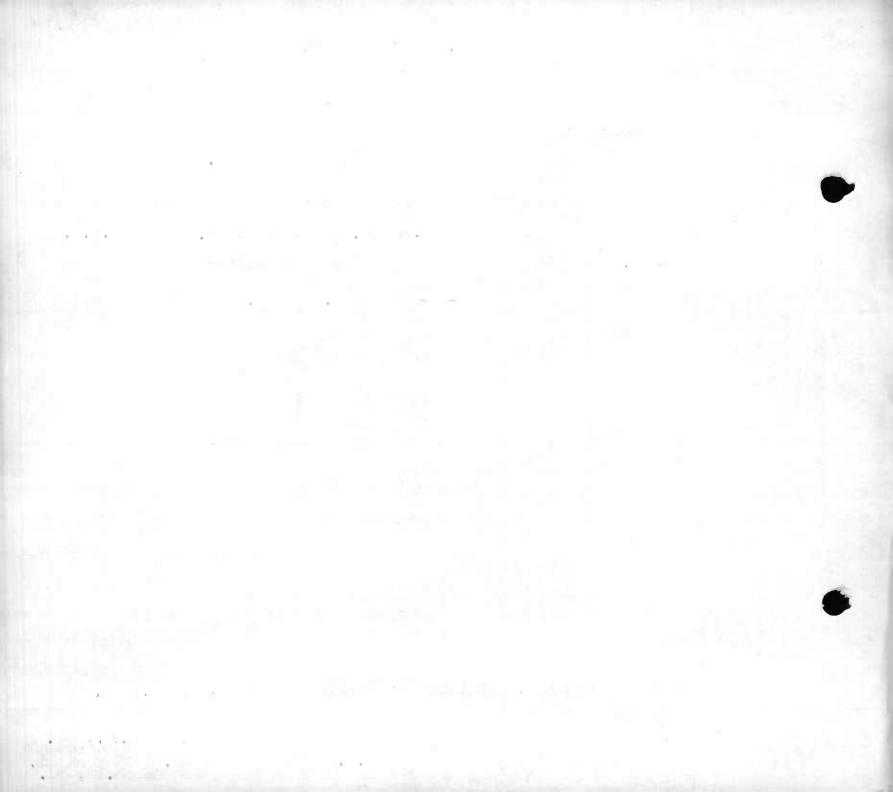
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

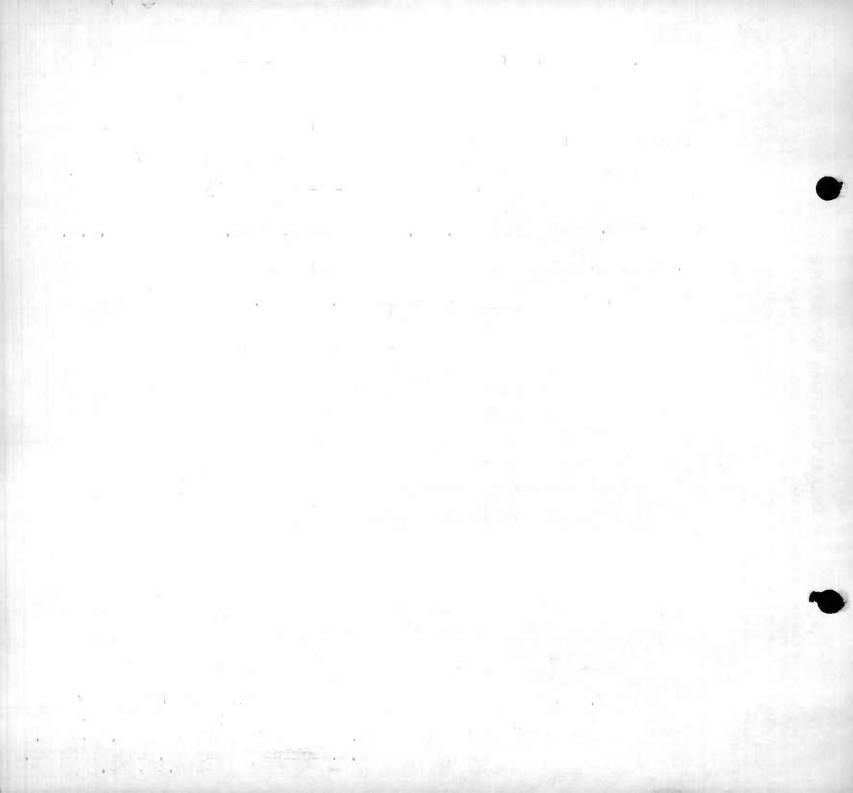


VS 150-REV. 1/1/65

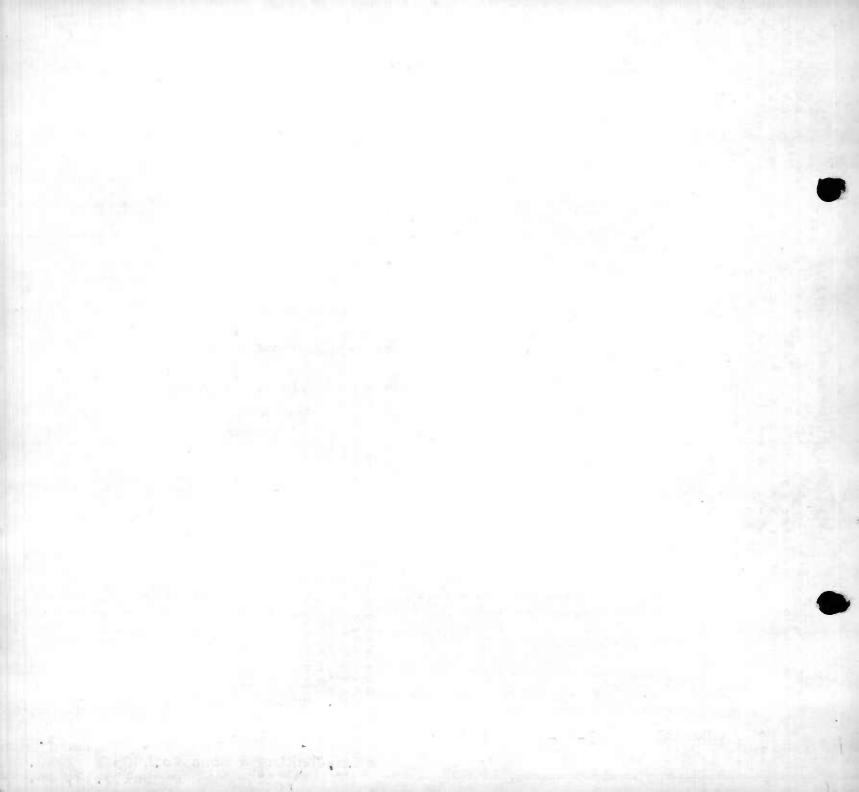
4. USUAL RESIDENCE (Where deceased lived, I( institution; residence before adm (If autside city limits, write RURAL and give township) If Under 1 Yi. If Und Manths: Days Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS (Same) INTERVAL BETWEEN ONSET AND OFATH (If in Baltimare City, give exact lacation) ond that in(my) (our) opinion death occurred an the date 23B. DATE SIGNED 3-12-65 (City, tawn, ar county) Balto. O. Md.



BIRTH NO.						the second second
	65 2772		CERTIFICA	TE OF DEATH	Registered No	65 2772
M.E. CASE NO.	FASED				AND HOUR OF DEAT	H
(Tune or Post)	R.RUSSELL SWI	CEDT				4 1
	ATH IN BALTIMORE, MAR				14-65	6:40AM
S. TEACE OF DE.	ATTI IN BALIIMOKE, MAI	KILAND		A. STATE B. CO	UNTY	Institution: lesidence perale admis
FULL NAME C	OF (If not in hospital a	or institution	, give street	MARYLAND		12-01
HOSPITAL OR	oddiess or location				outside city limits, write	RURAL and give tawnship)
-				BALTIMORE		
THE JO	HNS HOPKINS	HOSP I	TAL	D. STREET ADDRESS	(If rural, give location)	
				3908 NORTH	CHARLES ST	REET
5. SEX	6. RACE	7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I If Under 1 Yr. If Under 24
M	\d		ED, DIVORCED (specify)	10-25-91	lost birthday)	Months Days Hours Mi
	LIPATION (Give kind of work)			11. BIRTHPLACE (Stote or f	13	12. CITIZEN OF
	working life, even il retired)		Hancock	TI. BIRTHEACE (SIDE OF	oreign country/	WHAT COUNTRY?
Retired.	-Gen Agent		Ins. Co.	Newville, P	enn.	U.S.A.
13. FATHER'S NA	ME			Newville P	IAME	
1 01	OF CHIASAT			61.15.005		Lie wish
5. Was Deceased	DE SWIGERT	os?	1 6. SOCIAL	ELIZABETI	H RUSSELL	ADDRESS
Yes, na ar unknawi	(If yes, give war ar dates	s of service	SECURITY NO.	THE ORIVINATE OF		ADDRESS
Yes	WW I		220-30-5632	Mrs . Dagny H	. Swigert	(Same)
18 5	011			F DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIRE	ECTLY		1 1 7	1	ONSET AND DEATH
	LEADING TO DEATH		(A) (DAG	Varal has	mpsses	
	nat mean the mode of			//		
	osthenio, etc. It meons nplication which caused		е,	1 × //	./ //	
				// 1/	1/ 4 \ //	
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	ANTECEDENT CAUSES	710	(B) ber	revalued a	r Hischer	ou
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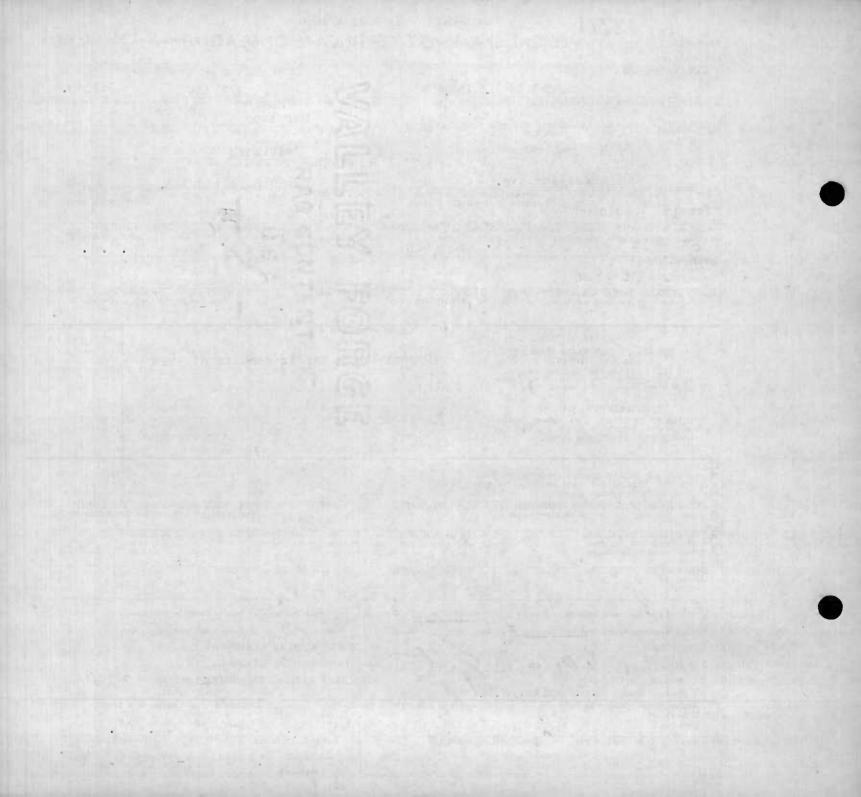


10 nm	BALTIMORE CITY HEALTH DEPARTMENT	
35.00=	M.E. CASE NO. 65 2773 CERTIFICATE OF DEATH Registered No. 65	
f death eceased on the	1. NAME OF DECEASED  (Type of Pipt)  2. DATE AND HOUR OF DEATH	(-
- D 0 0 -	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	PM.
at Co O o to	A. STATE B. COUNTY	s/sion)
hospi ise o (5) D ance deat	FULL NAME OF (If not in hospital or institution, give street  HOSPITAL OR oddross or location)  GRIV OR TOWN (If well a like the	
caus use; ((	INSTITUTION D	
ng caus	Maryland Jeneral D. STREET ADDRESS (If ruro), give locotion) 3820 Rulland	7
D.=	Roland View Towers # HO	1
urre ibut ibut inec inec	S. SEK 6. RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years   If Under ) Yr. If Under 24	4 Hrs.
occur ontrib ermin regula	H W THIDOWED 6/7/1885 78	
上のサーの日	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
or nde	H. WIFE OWN HOME Densulvania U.S.	
7 7 0 8	13. FATHERS NAME	
(4) u w n the ispo	GEORGE HODEN DRICE HOA MCCLERRY	
death ce on nal d	15. Was Docoosed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give war or dates of sarvica)  16. SOCIAL SECURITY NO.	
D 0 -	No 220-07-3029 Son : 207 Horshorne Rd. 7	710
0 1	18. H 2 2   INTERVAL BETWEEN ONSET AND DEATH	
tend od o	DISEASE OR CONDITION DIRECTLY	
att a	(This does not mean the mode of dying, e.g.,  (A) Cerebellar hemoryhage 24 hus.	
lar	heart failure, asthenio, etc. It means the disease,	
3 E	ANTECEDENT CAUSES (B) Control cardiovascular	
vho reg	DISEASES OR CONDITIONS, if any, giving desease	
in s	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.	
an was		
₹	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
9 6	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C). WHERE DID (If in Boltimoro City, give exoct locotion)	
fore	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exact location)	
	OR CONTRIBUTING CAUSE OF home, form, foctory, stroet, office bldg., INJURY OCCUR?	
ed b		
gined	₩ OF INJURY  While At  Not While	
oto	22. I certify that (I) (this haspital) attended the deceased from 3/12 1965 to 3/12 196	-
ok		
be	that (1) (we) last saw the deceased alive an 25/1/4 3/12 19 and that th(my) (aur) apinian death accurred an the and haur and from the causes stated abave. 417 (We) (did) (did not) view the bady after death.	e ad16
deat	23A. SIGNATURE	
DE	M.D. Attending Med. Stoff 7	
rto	Top appear	
200	NAME (Typo)  N.D. M.D. M.D. Transita	
d prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (St	toto)
	REMOVAL (Specity)	
written	Burial 3-15-65 Fairview Altoona Pa.  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	•
Writter	MAR 15 1965 10 00 14 Franking H.W. Jenking & Sons Co. 4905 York Ro	d.
	VS 150-REV. 1/1/65  Balto.12, Me	d.



VS 151-REV. 1/1/65

M.E	E CASE NO.										
1. f (Typ	NAME OF DE	CEASED	Maria			2. DATE AND HOUR PRONOUNCED DEAD					
					. JOHNSON	3/12/65 13:34 p. M				M.	
3. P	LACE IN BAL	TIMORE, MA	RYLAND, WI	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE  B. COUNTY				nission)	
FUL	L NAME OF	(IF NOT	IN HOSPITA	L OR INSTIT	UTION, GIVE STREET		Marylar	nd			
НΟ	HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION					C. CITY OR TO	WN (If outsid	de corporote limits, writ	e RURAL on	d give township	)
							Baltin	nore	20	10/6	NACO .
						D. STREET ADE	DRESS (If rurol	, give location)			
		2854 1	Rosalin	d Ave.		Trans.	285h F	Rosalind Ave		-1149	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED						8. DATE OF BIR	тн	9. AGE (In years	If Under	1 Yr. If Under Doys   Hours	
female colored widowed, Divorced (specily)						3/25/1	905	50	TVIOITIN'S	Doys Troots	TVIIII.
					F BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign	gn country)	12. CITIZEI	N OF	
done	during most of	working life, or	ven if retired)	Pvt.	Family	Bower	s Hill	Va.	TT	COUNTRY?	
	ATHER'S NAM					14. MOTHER'S A	AAIDEN NAM	(E	U - x	u. l.	No
	Henry		gan			9	9	9 9	579	Sant L	2
5 1	WAS DECEASE			CORCEC?	116. SO CIAL	17, INFORMANT			ADDRESS		
	, no or unknown				SECURITY NO.	Mildre		hburn-285		alind	
						FILATE	a Temo	1100111-20)	Trope	Ave.	•
	1B.	5 V			CAUSI	OF DEATH		***************************************		INTERVAL BET	
	DISEA		I DITION OF							ONSET AND	DEATH
	DISEA	LEADING	TO DEATH	ECILY	Hypert	ensive ca	rdiovas	cular disea	92		
	(This does	not meon t	ne mode of	dying, e.g.,	DUE TO						
	injury or co	mplication w	tc. It meons	leoth.)							
			NT CAUSE		(B)DUE TO		***************************************				
	RISE TO TH	E ABOVE C	TIONS, IF A AUSE (A) ST		DUE TO						
7	UNDERLYI	NG CONDI	TION LAST.		(C)						
CATION					\ \@\ f=000000000000000000000000000000000000						
ΑT	OTHER SIG		II ONDITIONS (	CONTRIBUTI	NG						
	TO THE	DEATH BU	T NOT REL	ATED TO 1							
ERTIF			N CAUSING		WHICH OPERATION	20A AUTORS	V2 (Voc. or No.)	OOR IC VEC WERE C	NDINGS CC	NISIDEBED	
CE	77A. DAIL OI	OFERATION	WAS PERF		WHICH OFEKATION		no	IN CERTIFYING CAU			
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O	UNDERLYING	OR CONTR	IB-	home	PLACE OF INJURY (e.g., , form, foctory, street,			ur in politimore City, g	ive exoct loc	cotion)	
ш	UTING CAL	ISE OF DEA	TH.	etc.)							
	21D TIME	(Month)	(Doy) (Year)	(Hour) 2	TE. INJURY OCCURRED	21 F. H	ILNI DID WOL	URY OCCUR?			
	(APPROX.)			\	WHILE AT NOT	WHILE					
	22.			m. \	WORK L AT W	ORK L					
		tify that I	neld on Ir	quiry 🗌	Inspection 🗶 Au	topsy or	nd that on th	is bosts, deoth In	my opinion		
	resu	Ited from:	Notural cou	ses X	Accident Suicid	e Homle	ide	Undetermined monn	er		
						CHIEF	MEDICAL EX	[			
	ACTUA	L	1.1/2		67-					DATE SIGN	IED
	SIGNAT		Non	us I'	M.O	ASSISTANT A	MEDICAL E	XAMINEK	- 1	10 - 10-1	
	EXAMIN		II Snd	to M T	1	ASSOCIATE	MEDICAL E	XAMINER	3/	12/65	
23 A	NAME (		.U. Spi		C. NAME OF CEMETERY	CREAT ATORY	23D	LOCATION (City	, town, or co	nunty) i (Si	lote)
REA	AOVAL (Specif		JAUAIE	, 23	C. IVAIVIE OF CEIVICIENT	J. CKEWIATORI	230. [	Control (City	, 10 WII, OF CC	ouny) (31	010/
	Burial		3/16/	1965	Arbutus Le	emorial	Pr. Ba	Iti ore C	o. I'd		
24A	. DATE REC'D	BY HEALTH	DEPT.	248, NAME	OF REGISTRAR		RAL DIRECTOR			DDRESS	
		READ 1	5 1005	100	S-E Jalle Mil	Herh	ert P	lutter-3	035	. Nort	P.
		MHILL	U HUUV	A Party	The same of the sa	11010	AT 0 TI.	Tarred OCT	01)	· TIOT D	do n



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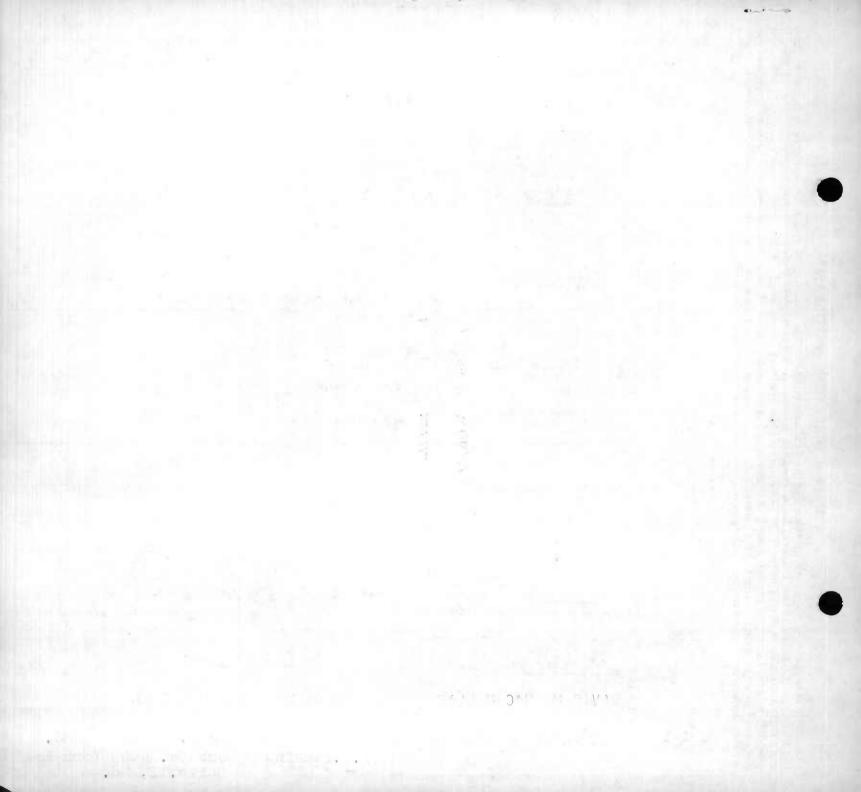
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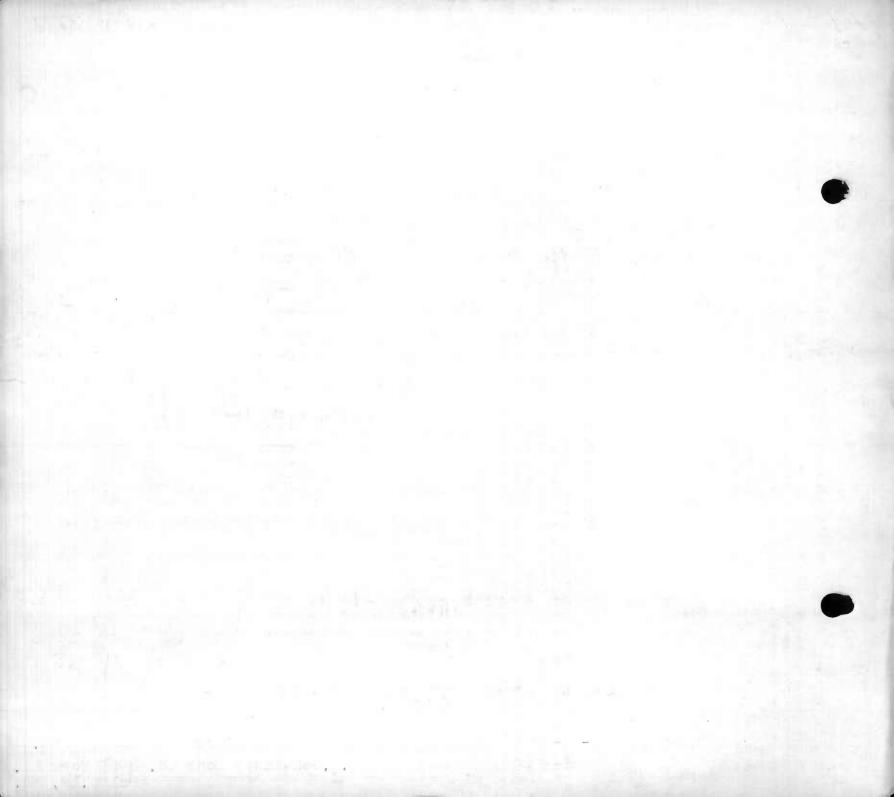
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	S D
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

OF OFFICE	BALTIMORE CITY	HEALTH DEPARTMENT		() P=
ыкти но. 65 2776	CERTIFICA	TE OF DEATH	Registered Na	65 2776
M.E. CASE NO.  1. NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print)	Smith		1	65 8 30 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	SMITA	14. USUAL RESIDENCE (Who	ere deceased lived. If in	astitution: residence before admission
THE RESERVE OF STREET		A. STATE B. COU	NTY	15.01
FULL NAME OF (II not in hospital or institution	give street	MARY LAND		12-41
HOSPITAL OR oddiess or location)	+1	C. CITY OR TOWN (If or		RURAL and give township)
UNION Memorial Ho	spilal	BALTIMORE		
	1	D. STREET ADDRESS	rural, give location)	4
BALTIMORE MARYLAND		615 BRO	AN VIEW 1	Apls.
5. SEX 6. RACE , 7. MARRIEL	D, NEVER MARRIED ED, DIVORCED (spetify)	B. DATE OF BIRTH	9. AGE (In years lost birthdgy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
	R MARRIES	4/11 / 1874	90	Television Doy's Troots Tellis
10A, USUAL OCCUPATION (Give kind of work 10B, KIND			eign country)	12. CITIZEN OF
done during most of working life, even if retired)		0 14	- 1	WHAT COUNTRY?
NONE		BAHIMORE	Md-	u.s.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
HENRY Smith		ELIZA D	IFT:	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1 m / Law	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.		A 140 A 13	
No	70	MIRS. CORDELIA	SWAKTZ	5111 BROOK GRENI
18. <u>-</u> 903.0	S CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A SA			ONSET AND DEATH
LEADING TO DEATH	W NE PNE	umoNIA		
(This does not mean the mode of dying, e.g heart failure, asthenia, etc. It means the disease	S Suc to	omplicating	***************************************	
injury or complication which coused death.)	0/ 1/-	, ,	, , ,	
ANTECEDENT CAUSES		actured LeFt	HIP	
DISEASES OR CONDITIONS, if ony, giving	2 Figure 10 Al			
rise to the obave couse (A) stoting th	PR BYO P.	TERIOSElenosis		
UNDERLYING CONDITION lost.	300			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				The latest till be set
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	Ī			
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OFERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
WAS PERFORMED		NONE	III CERIII IIIIO CA	OSES OF BEATH
U 21A. ACCIDENT WAS UNDERLYING 21, OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medical examiner)		ffice bldg., INJURY OCCUR?	15 /	(.)
Q 21 D. TIME (Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	21 F. HOW DID IN	1020ad	view apts
UF INJURY		/ / ///	a way to	balkroom
(APPROX.) 3 8 65 /00 W	hile At Not Whi At Work	- Face	any	
22. I certify that (I) (this haspital) ottended	the deceased fram	MARCL 8	19 65 to MA.	ech 14/ 1965
that (I) (we) last sow the deceased alive an				nian death accurred on the do
and hour and fram the causes stated abave.	(I) (me) (aid) (did nat)	new the body after death.		loop DATE SIGNED
23A. SIGNATURE	00	ending - A4-4 -	Stell -	23B. DATE SIGNED
David M. Mac Mid	lass M.D. Att	ending Med. Director	Stoff Phy s.	MARch 14, 196:
23C. PHYSICIAN'S		23D. ADDRESS 4		
NAME (Type)	ALLIAN M.D.	UNION MEMO	RIAL HOSPI	rmΔT.
	MILLAN M.D.			ity, town, or county) (Stote)
REMOVAL (Specify)	ANIAL OF CRIMETERS OF CK	240.	LOCATION (C	ny, rown, or county) (3101e)
Burial 3/17/65 Lov	don Park Ce	metery Ba	ltimore,	Md.
	OF REGISTRAR	H. Jenkins	& Sang Co	4905 York Roa
MAR 1 5 1965 Tio See	) Charles	TI OF STILLING	Balto.	12. Md.
VS 150-REV. 1/1/65			Da.L. IVO	LL 9 MAG
IV W				



HEAD STATE AND HOUSE OF DEATH IN ALTEROAL DEATH J. NORPEN ABERGER  1. DATE AND HOUSE OF DEATH IN ALTEROAL DEATH J. NORPEN ABERGER  2. DATE AND HOUSE OF DEATH IN ALTEROAL DEATH J. NORPEN ABERGER  2. DATE AND HOUSE OF DEATH IN ALTEROAL DEATH J. NORPEN ABERGER  3. STATE  3. STAT	/ 1 RETH NO. 65 27777	CERTIFICATE OF DEATH  Registered No. 65 2777
THAT OF DEATH IN BALTIMORE, MARTLAND  TULL NAME OF Ull not in heapited or institution, give sheet  ROSTAL OR  TOTAL OR  ME Q Y  HCQPTAL  ME Q HCQPTAL  ME Q Y  HCQPTAL  ME Q HCQPTAL  ME Q Y  HCQ		2. DATE AND HOUR OF DEATH
WIDOWED, DIVORCED (appeir)  NAMED DOYS HOUSE Mand of Mandal Doys House Mandal Doys H	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitel or institution, give oddress er lecetion) INSTITUTION	e street  4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before edmission)  A. STATE  B. COUNTY  Md. BALTIMOPE  C. CITY OR TOWN (If eutside city limits, write RURAL end give tewnship)  BALTIMOPE.  D. STREET ADDRESS (If rurel, give location)
13. FATHLES NAME  Learning Conditions of the Section of the Sectio	MIDOWED, DO MAN AND MIDOWED, MIDO	USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., healt foliuse, ostheria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION tost.  OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION TO RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION TO RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDI	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no er unknewn) (III yes, give wer er deles ef service)	6. SOCIAL SECURITY NO. 219-36-2927 MRS. MARIE E. NOPPENBELGER ABOVE CAUSE OF DEATH  INTERVAL BETWEEN
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
OR CONTRIBUTING CAUSE OF DEATH (neify medical examiner)    A	19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	IICH OPERATION 20 A. AUTOPSY? (Yes er Ne.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21D. TIME (Menth) (Dey) (Yeer) (Heur) 21E. INJURY OCCURRED  While At Not While At Werk  22. I certify that (I) (this hospital) attended the deceased from 2 10 5 19 to 312 19 6 that (I) (we) lost sow the deceased alive on 19 and that in(my) (our) apinion death occurred on the dond hour and from the causes stated above. (T) (We) (Ald (Jid mat) view the body after death.  23A. SIGNATURE  M.D. Altending Med. Steff Phys. 23D. ADDRESS  NAME (Type)  M. D. Altending Med. Director Phys. 23D. ADDRESS  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME el CEMETERY er CREMATORY 24D. LOCATION (City, tewn, er ceunty) (Stete	OR CONTRIBUTING CAUSE OF heme, f	ACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Seltimere City, give exect lecetion) ferm, fectory, street, office bldg., INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from 210 65  that (I) (we) lost sow the deceased alive on 112 65  19 ond that In(my) (our) apinion death occurred on the dond hour and from the causes stated above. (I) (We) (Aid mat) view the body after death.  23A. SIGNATURE  M.D. Attending Med. Steff Phys. Phys. Steff Phys. Phy	21D. TIME (Menth) (Dey) (Yeer) (Heur) 21E, INJ	At Not While
25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTRAR 125C, FUNERAL DIRECTOR ADDRESS	22. I certify that (I) (this hospital) attended the of that (I) (we) lost sow the deceased alive an analysis on the feet stated above. (I) (V23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME  24C. NAME	deceased from 210 65 19 to 3/12 19 65  19 ond that In(my) (our) opinion death occurred on the date  (Ve) (Ald) (did not) view the body after death.  M.D. Attending Med. Steff Phys. 23B. DATE SIGNED  23B. DATE SIGNED  212 65.  LATT AM.D.  RE el CEMETERY er CREMATORY  24D. LOCATION (City, tewn, er ceunty) (Stete)



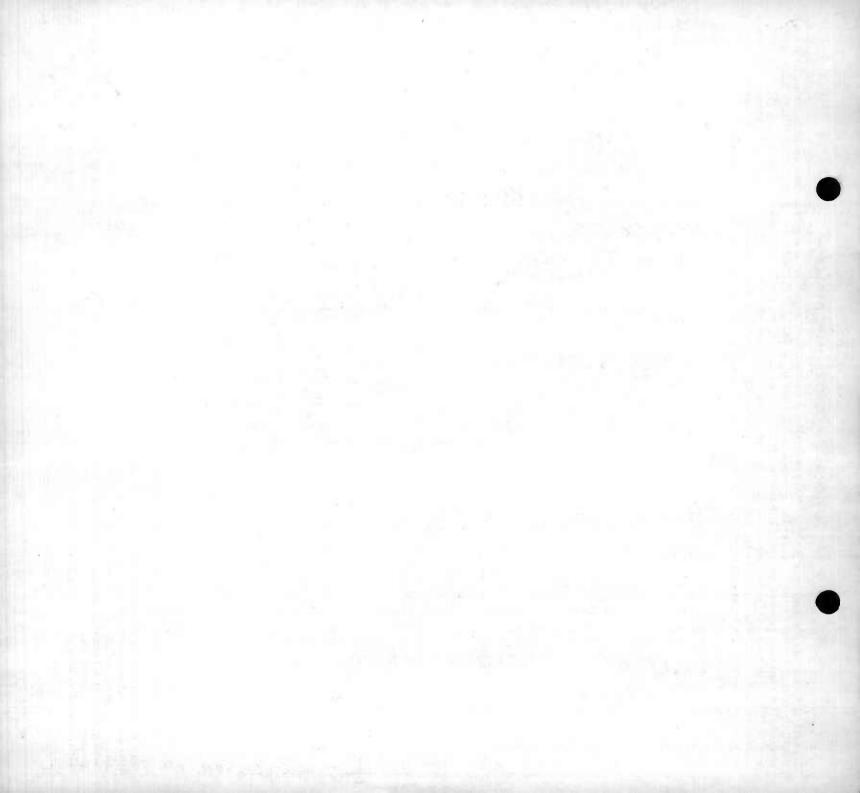
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Piint)  CLARENCE HELLMANDOLLAR, J	Jr March 10, 1965 10:50 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admission B. COUNTY  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
4	Maryland General Hospital	Baltimore 21218 /2 / D. STREET ADDRESS (If rurol, give locotion)
		1825 North Charles Street
	Male White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	B. DATE OF BIRTH  AUG. 15,1931  9. AGE (In yeors of lost birthday)  9. AGE (In yeors of lost birthday)  9. AGE (In yeors of lost birthday)  9. AGE (In yeors of lost o
	done during migst of working life, even if rotired)  Window washer  Self employed	West Virginia  14. MOTHER'S MAIDEN NAME
	Clarence C. Hellmandollar, Sr	Velvia Dickens
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  no	Mrs. Vernon Schilling, 833 W. 36th St., 21211
	(This does not mean the mode of dying o.g.	onset and Death cure of Cervical Spine with pression of Cord.
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTION (e.g. home, form, foctory, street, otc.)  21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED (APPROX.)  21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED (APPROX.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED YES IN CERTIFYING CAUSES OF DEATH? YES  g., in or obout 21C. WHERE DID (If in Bottimore City, give exect location) INJURY OCCUR?  1800 N. Charles Street  21F. HOW DID INJURY OCCUR? Fell off ladder while washing windows.
	22. I certify that I held an Inquiry Inspection Aresulted fram: Natural causes Accident Suici	Autapsy and that an this basis, death in my apinian  CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  3/10/65
	NAME (Type) Charles S. Petty, M.D.	Y or CREMATORY 23D. LOCATION (City, town, or county) (Stoto)

the second to the later of the

IMPORTANT

DIRECTOR:

FUNERAL



	65 2780		BALTIMORE CITY	HEALTH DEPARTMEN		65 2780
BIRTH NO.	00 2700		CERTIFICA	TE OF DEAT	H Registered No.	12100
N.E. CASE NO.	ECEASED			2. DAT	E AND HOUR OF DEATH	
Type or Print)	RONALD W. HA	ARRIS		MAR	CH 12, 1965	1:00 A. A
PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE	Where deceased lived, If i	nstitution: residence before admission
					OUNTY	1903
FULL NAME	OF (If not in hospital address or location	or institution, n)	give street	MARYLAND C. CITY OR TOWN	If and the desire the desire	
INSTITUTION					it duiside city irmits, write	RURAL and give township)
	D STATE PENITE	NTIARY	HOSPITAL	D. STREET ADDRESS	(If rural, give location)	
954 FOR	REST STREET				BALTIMORE STR	FT
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , If Under 24 Hrs
		WIDOWE	D. DIVORCED (specify)		lost birthday)	Months Doys Hours Min.
MALE	WHITE CUPATION (Give kind of world	SEPAR		MAY 9, 1905	59	10 3
	of working life, even if retired)	NITE OF	DOSINESS OR INDUSTRI			WHAT COUNTRY?
CUSTO	DIAN			CHES TER TOWN	, MARYLAND	U.S.A.
FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
	JOHN HARRI	21			MARY FOX	
Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give wor or date	s of service)	SECURITY NO. 217-18-5563	Mrs. Catherin	ne Harris, 340	4 White Avenue
NO			UNITED			
18. 4	21/		CAUSE O	F DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	_	OR PULMONALE		
(This does	nat mean the made of	dying, e.g.,		OR FULMUNALE	***************	**********************
heart lailur	e, asthenia, etc. It means	the disease,				
injury ar co			(B) C	HRONIC PULMON	ARY INSUFFICIE	ENCY
4.00	ANTECEDENT CAUSES		DUE TO	······································		• • • • • • • • • • • • • • • • • • •
	OR CONDITIONS, il the abave cause (A)		(C) C	APILLARY ALVE	OLAR BLOCK	
	NG CONDITION last.	o.c.mg mo	1 W/ nonnounnannon	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	II .					
OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTIN	G			-
DISEASE O	DEATH BUT NOT RELA		IL.			
_	OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED
O NO		- CKITTED			W. Cakin into Cr	TO SEA THE SEA
. OR CONTRI	BUTING CAUSE OF		PLACE OF INJURY (e.g., i			re City, give exact location)
	ify medical examiner	etc.				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY			ile At Not Whil	e		
		Wo			16	1.40
						arch 12, 1965
that (I) (w	e) lost saw the decease	ed alive on	March II,	19 65 or	d that in (my) (our) ap	inion death accurred on the da
ond hour g	nd fram the couses sta	Ped abote. (	(4) (4) (4) (4) (4)	lew the body ofter de	oth.	
23A. SIGNA	JAKE //A	HOLLAN	1.01			23 B. DATE SIGNED .
M	VINANAA // VIII	IXLAY.	M.D. Atte	ending Med. Director	Staff Phys.	MARCH 12, 1965
23 C. PUTSIC	ILN'S	yjuu	///	23D. ADDRESS		12, 1707
NAME		/	M.D.	OF FORDER	CENTER WAS I	CHATCHER SM 11055
	HENRY W. D. HO					PENITENTIARY HOSP.
AA. BURIAL CI	(Specify)		AME of CEMETERY or CR			ity, town, or county) (State)
BURIA		M	loreland Memor	ial Cemetery	Baltimore	
SA. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	MAR 15 1965	Cheut	E starten Mil	Wm. Cook-Ha	milton, Inc. 600	9 Harford Road
/S 150-REV 1/		-		112/6	- 1	

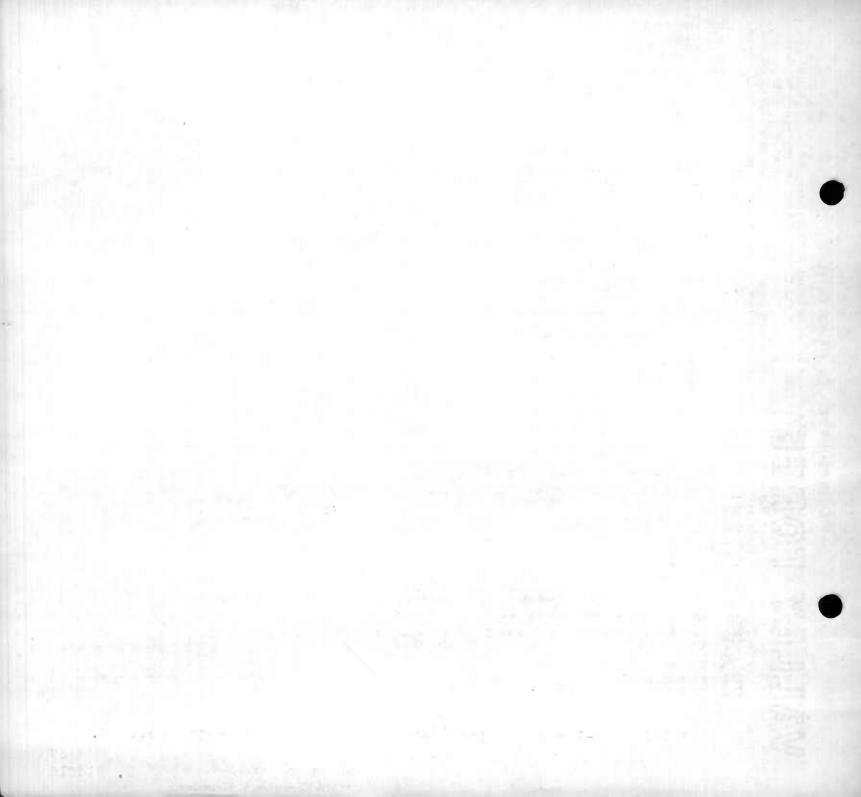
and the same of th

## BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65 278MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2781

M.	E CASE NO.									
1. I	NAME OF DE	CEASED				2. DATE AND H	OUR PRONOUNCED	DEAD		
,		MAF	THA 1	HAWKINS			3/11/65	1:45 p. M.		
3. F	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where dec	eosed lived. If institut	ion: residence before odmission)		
5111	II NAME OF	HE NOT IN HOSPIT	AL OR INISTITE	ITION CIVE STREET		arvland	5. COOK			
HO	SPITAL OR	ADDRESS OR LOC.	ATION)	ITION, GIVE STREET	C. CITY OR TO	WN (If outside co	rporote limits, write R	URAL and give township)		
INS	NOITUTION				D.	all the manner		15001		
						altimore RESS (If rurol, giv	e location)	2 4		
		810 W.	Lexingto	on St. Aptilo				ilat 10		
5. \$	EV	6. RACE		NEVER MARRIED	8. DATE OF BIRT	10 W. Lex	ington St.	If Under 1 Yr, If Under 24 Hrs.		
	female	colored		DIVORCED (specify)	o. DATE OF BIRT		losi Brathdoy	Months Doys Hours Min.		
			manni	7	Septi	17,1901				
			k 108. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign co	ountry)	2. CITIZEN OF WHAT COUNTRY?		
aon	House	working life eyen if retired)			Biz /to	. 11/10%		WHAT COUNTRY		
13.	ATHER'S NAM				14. MOTHER'S M	AIDEN NAME	/			
	W/://	ism Mh	MARI		Dalla	1 Maide	MAN			
15	WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES	16. SOCIAL	17. INFORMANT	17/140	13011	DDRESS A T		
(Yes	, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.	,	11 1-	1.,	, Abil		
	NO			CHARLEST ASSESSED.	Lewis	NOW KIR	13 810 W.	LexinotoN St.		
	18.	1128		CAUSE	OF DEATH	7,00	0 0, - , , ,	INTERVAL BETWEEN		
		# 10 A I						ONSET AND DEATH		
	DISEA	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH								
	(This does	not mean the mode of	dying e.g.,				rtensive ca	rd19		
		, osthenio, etc. It means mplication which caused			vascular (	disease				
						A14-	ages.			
		OR CONDITIONS, IF		(B)			Wallen	34		
	RISE TO TH	IE ABOVE CAUSE (A) S	TATING THE	DUE TO	1960		The second second			
_	UNDERLYII	NG CONDITION LAST.		(C)	2	en!	1,1,1,1			
Ó					y y		Will Prince SIAN	1		
A	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTION	16 A. P.	BEK. R	Helli. write h	9 F 1 8 1 apr			
S	TO THE	DEATH BUT NOT RE	LATED TO T	HE SUID	ennounce	7.7				
E		R CONDITION CAUSING		18000000111100007-100001						
CERTIFICATION	19A. DATE OF		FORMED	WHICH OPERATION			IF YES, WERE FIND CERTIFYING CAUSES			
ب	O				no					
S		OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. V	WHERE DID OF in	Boltimore City, give	exact location)		
MEDIC	UTING CAU	ISE OF DEATH.	etc.)							
Σ	21D TIME	(Month) (Doy) (Yea	r) (Hour) 2	E INJURY OCCURRED	21 F. H	OW DID INJURY	OCCLIR?			
	(APPROX.)		v	HILE AT NOT	WHILE					
	22.		m. V	VORK L AT W	ORK L			The second of the second		
		tify that I held an	Inquiry	Inspection X Au	apsy and	d that an this b	asis, death in my	apinlan		
	resul	Ited fram: Natural co	uses X A	coldent Suicid	e Hamici	de Und	etermined manner			
		Transplanted Printed and Table				EDICAL EXAM				
	ACTUA	L JABAR		1 .				DATE SIGNED		
	SIGNAT		us 1.	Jan M.D	•	EDICAL EXAM		0 10 0 11 1		
	EXAMIN	IER'S		2/2 >	ASSOCIATE M	EDICAL EXAM	INER X	3/12/65		
22.1	NAME (		J. Spitz	, 17.D.		loc =				
REA	BURIAL CRE	MATION, 23B DATE	230	C. NAME OF CEMETERY	CREMATORY	23 D. LOC/	ATION (City, to	wn, or county) (Stote)		
10	SXMIRI	Mornahl	5 A65	Balta North	iNa/ Par	n Biz	to With			
24/	A. DATE REO D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	/ VI // Y	ADDRESS		
			N 0 0	· E. Jarkin M.A	91/10	. 1	121	- 11/11/		
		MAR 15 1965	hoon	E O S	111111	MANS TUR	eral Harl	319 / Seprocolar St.		
	2 C2 D = 1 / 2 / 2	11.5					1			

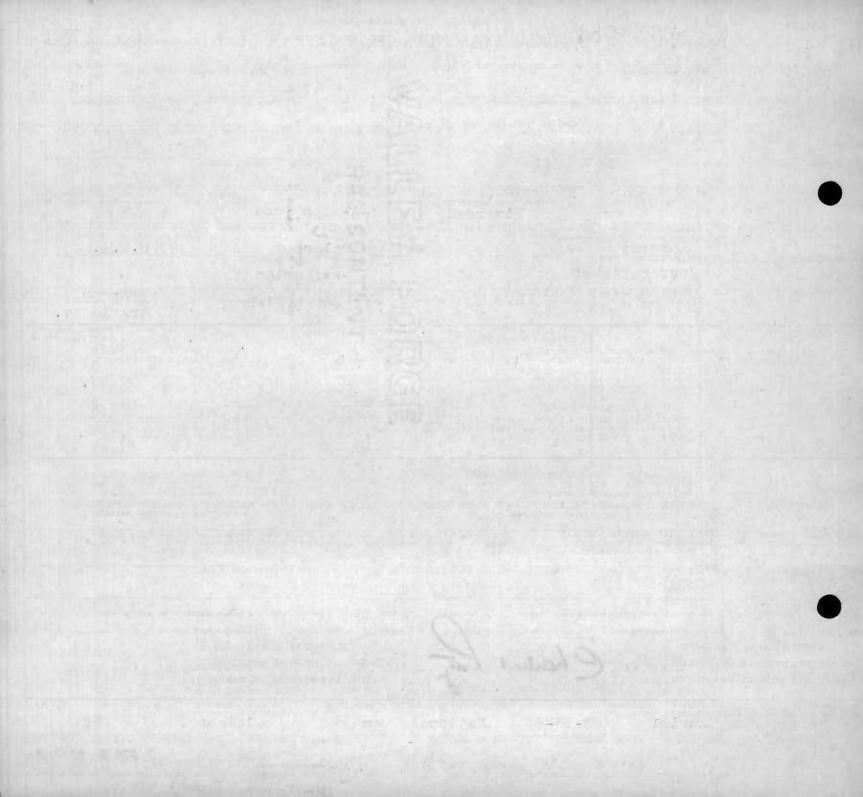
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	anh	N II			BALTIMORE CITY	HEALTH DEPARTMENT	V	05 0500
- 3	75005	BIRTH NO.	65 278%		CERTIFICA	TE OF DEATH	Registered Na	65 2782
	and eatl ase th th Suc		F DECEASED	1000		2. DATE	AND HOUR OF DEATH	
	of deatl of deatl Decease e on th	(Type or Pri	"LEWIS	RA	MORD	T 3/	10/65	1 4:25 pm.
	of of the point	3. PLACE C	OF DEATH IN BALTIMORE,	MARYLAND	Secretary in Street in	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If ins	titution: residence before admission)
	150	FULL NA	MF OF (If not in hospi	tal ar institution, gr	ve sheet	MO	BALT	PRORT.
		HOSPITA	L OR oddress or local	nion)	TO SHOOT.	C. CITY OR TOWN (II	outside city limits, write RI	JRAL and give township)
	car car tend to		,	500	BALTO			63-00
	DC 0. 4 C D = -	Un	77		BALTO,	D. STREET ADDRESS		D + 0 -
	buti ned lar d pr ade.						MILBE	
		5. S EX	6. RACE		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	occu ontri ermi regu	/*/		- Line William Co	NICHARCE OR INICIATOR	3-8-03	1/2./	
	上のおこの日	done during	OCCUPATION (Give kind of voors of working life, even if relige	d) L.	ROSINESS OK INDUSTRE			12. CITIZEN OF WHAT COUNTRY?
	or nd de de itio	7	RUCK DAIL	TYL	*			45
	t d	13. FATHER	S NAME	1		14. MOTHER'S MAIDEN N		
<u>-</u>	ire (4)		17 CN 4			12.14	200	7 H4BOTTON
Z	ind; ind; eath e on al d	15. Wos De	coased Ever in U. S. Armed	Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	the the de de ind			7	7.	CI	HART	
ORT	if if it if it is	1B.	27.21.		CAUSE			INTERVAL BETWEEN
9	f and		DISEASE OR CONDITION	DIRECTLY			PULMONA Lung Dist	ONSET AND DEATH
3	Als	491.	LEADING TO DEA		(A)	CORNIC	Leong Desta	
••	alroca	hearl f	loes nal mean the made ailure, asthenia, etc. It med	ins the disease,	DUE TO			
OR	ine act	injury	at camplication which caus			HRONIC	LUAR D	ISTASE
E	fr fr eg		ANTECEDENT CAUS		DUE TO	***************************************		
M	X X X		SES OR CONDITIONS, a lhe above cause (		(C)			
~	(3) (3) (3) (3) (3)		RLYING CONDITION last.		( 10 )	***************************************		
0	dica ca ns; ici		11					
A	edi edi hys n v	E TO T	SIGNIFICANT CONDITIONS HE DEATH BUT NOT R	ELATED TO THE	C, C	A		
NER	A E Y G D O	U 19A. DA	TE OF OPERATION 198. C		HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FI	NOINGS CONSIDERED
Z	Bod a chie	19A. DA	WAS	PERFORMED	THE STEEL ST	YES	IN CERTIFYING CAU	SES OF DEATH?
5	by 2) E	U 21A. A	CCIDENT WAS UNDERLYING	218, 1	LACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
	a +	T DEATH	(notify medical examiner)	elc.)	, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
	d N N N N N N N N N N N N N N N N N N N	O 21 D. 11/		ort (Hour) 21 E.	NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	od att (6	OF INJ			At Not Whi	le 🦳		
	o n n n n n n n n n n n n n n n n n n n			Work		1/2/	19.65 to 3/	100
	(e) (e)		ertify that (\$) (this hospi		deceosed from	10 1 5		
	of a of a al ((h));		(we) lost sow the dece			P		ion deoth occurred on the dote
	ased to dent of ospital death) must be		ur and from the causes s	stated above.	(We) (did) (did:set)	view the body ofter deot	h.	23B, DATE SIGNED
	must elease cciden i hosp to de al mu	237. 310	0	- 0 n	AL M.D. AH	ending Med.	Stoff C	3/10/6
		22.0 01	YEIGIANE .	Bul	the Phy	s. Director	Phy s.	1/0/61
	n and and ior	NA NA	YSICIANS Dominic	A. Culo	ttav	23D. ADDRESS		
	certificate body was r vs: (1) An a D.O.A. at assed prior ten approv	244 511514	リ・ケ	C420	TTA M.D.			
	1-000-		L CREMATION, 248. DATE VAL (Specify)		ME of CEMETERY OF CR	EMATORY 24D	COLOR DELL'AND DELL'A	r, town, or county) (State)
	Ks: Ws:		ial 3-14-		te Rock			o., Md.
	This certithe body shows: (1) was D.O. deceased written a	25A. DATE	REC'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS 578
	w 3 0 3		MAR 1 5 1965	Justien ?	- V down	1 1. 45 Frece ence	5 Ker. Hiensley	W. Biddle St
		VS 150-REV	. 1/1/65	4 10		(Mrs) Franc	ces A. Hemsley	



BALTIMORE CITY HEALTH DEPARTMENT

	TH NO. 65	2783MED	ICAL EX	(AMINER'S C	ERTIFICATE O	OF DEATH Regis	rered NS.5	2783
1.	E. CASE NO. NAME OF DE pe or Print)	GEORGE		FISHER		TE AND HOUR PRONOUN	CED DEAD	12:10 A
		TIMORE, MARYLAND, W		JNCED DEAD		Where deceased lived. If in B. CC	stitution: reside	
HC IN:	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET		autside corporate limits, wr	ite RURAL on	d give township)
	Univ	versity Hospit	:a1		D. STREET ADDRESS (	f rurol, give locotion) Franklin Stre	et.	
5.	Male	6. RACE Negro	WIDO WED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH  June 29,1	9. AGE (In years lost birthday)	s If Under	1 Yr. If Under 24 Hr Doys Hours Min.
dor		working life, even if retired)	TOB. KIND OF	F BUSINESS OR INDUSTR	Maryland 14. MOTHER'S MAIDEN	foreign country)	U.S.	COUNTRY?
	Georg	e Fisher			Rosa Bur	ton		
		ED EVER IN U.S. ARMED  n) (If yes, give wor or date		16. SO CIAL SECURITY NO.	II. INFORMANT	Fisher	ADDRESS	13 <b>9</b> 9 yle A <b>v</b> .
ERTIFICATION	DISEASES RISE TO THE UNDERLYI	e, osthenio, etc. II meons omplication which caused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S'ING CONDITION LAST.  II SNIFICANT CONDITIONS DEATH BUT NOT REI	CONTRIBUTING	Into	n Asymmetrical erventricular	Hypertrophy o Septum.	f	
CERTI		F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CO USES OF DEA	ON SIDERED ATH? Yes
MEDICAL	UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.  (Month) (Doy) (Yeor	) (Hour) 2	, form, foctory, street,	office bldg., INJURY OCCI	DID (If in Boltimore City, JR?	give exoct loc	;otion)
		NER'S Char	nquiry [	Inspection Au  Accident Sulcid	ond that	personal per	ner 🗌	DATE SIGNED 3/11/65
RE/	Burial CRI Burial	238. DATE 3-16-		C. NAME of CEMETERY National		Baltimore,	ty, town, or co	ounty) (Stole)  Md.
	A. DATE REC'D	MAR 15 1985	24B, NAME	OF REGISTRAR	24C. FUNERAL DIR	ag a streng	578	W. Wille S
			3:		(March Fr	ances A. Hemsle		



IMPORTANT

FUNERAL DIRECTOR:

			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	65 2784		CERTIFICA	TE OF DEATH	Registered No.	65 2784
M.E. CASE	NO. F DECEASED			2. DATE	AND HOUR OF DEATH	1
(Type or Prin	FRANK	CHRIS	TIAN .I	3-11	-65	1 2.30 P
3. PLACE O	F DEATH IN BALTIMORE, MA		TAIL O	4. USUAL RESIDENCE (V	here deceased lived. It	institution: residence before odmission)
FULL NA			give street	MD.	UNTY	RURAL ond give township)
nstituti	ON			BALTIMORE	21229 (If rurol, give locotion)	NORAL ONG GIVE IOWISHIP)
ST	AGNES HOSPITA			558 BRISB	ANE RD.	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE	WHITE	DIV	RCED (specify)	10-27-96	lost birthdoyl	Months Doys Hours Min.
done during n	IREDOFFICE Mgr.		al Carloading	MD.		U.S.
JOS	EPH FRANK			BARBARA SCH	711111	
5. Was Dec Yes, no ar un	known) (It yes, give war or date	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		TON AVESTESS 21229 ORDS, WILKINS AND
18.	110		CAUSE OF		SELIAL REGI	
7	NEED OF CONDITION DE	DECTIV	CAUSE OF	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DI LEADING TO DEATH	RECILT	I.	ASCVID E	C-1/7	
	oes not mean the made of		DUE TO			
	zilure, asthenia, etc. It means or camplication which caused					Allen
	ANTECEDENT CAUSES		(B) £ (	THOMARY	INT HETT	ONE SHOCK
DISEAS	ES OR CONDITIONS, if		DUE TO			
rise to	a the abave cause (A)	stating the	(c) 4 A	ALAUUMA	SEVENCE	OFFE VERSIBLE
UNDER	LYING CONDITION last.		()11	= 1A BOLL	C ACID	08/8 20/0 11:0V7
€ TO TI	SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELATE OR CONDITION CAUSING	ATED TO THE				
		IDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
19A. DA	WAS PER	PORMED		NO	IN CERTIFING C.	AUSES OF DEATH?
OR CON	CCIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notify medical examiner)		e, form, foctory, street, of	or obout 21°C. WHERE DID	(If in Boltimo	ore City, give exact location)
D 21 D. TIA		(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
E OF INJE			le At Not While	· 🗆		
		Wor		2 2	65	
22. I co	ertify that (I) (this haspita	1) attended th		3-2-	19 65 ta	3-11- 19 65 ,
that (I)	(we) last saw the decease	ed alive an	3-11-	19 65 and	that in (my) (aur) ap	pinion death accurred an the date
and ha	ur and from the causes sta	ted above. (1	) (We) (did) (did nat) v	iew the bady after deat	h.	
	NATURE	11 /	1/			23 B. DATE SIGNED
1		A. Co.		nding Med.	Stoff X	-> 11 /
27 C. PH	SICIAN'S	Herrie	Phys	Director Director	Phys.	5 11-65
NA	ME (Type) HENRY HE	RBERT	M.D.	ST AGNES HO	DSPITAL, BA	ALTO. 29, MD.
24A. BURIAL	CREMATION, 24B. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D	LOCATION (	City, town, or county) (State)
Bur		5 Holy	Redeemer Cem	etery	Baltimore, Ma	aryland
SA. DATE	REC'D BY HEALTH DEPT.	25B. NAME C			Howard H. H	
	MAR 1 5 196	8 R. Pres	E Tarkey Mill	4107 Wilkens		
VS 150-REV.	1/1/65	7	5 5 8 0	0 2 7 8	4	
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Fig. 2. In the plant of the pla

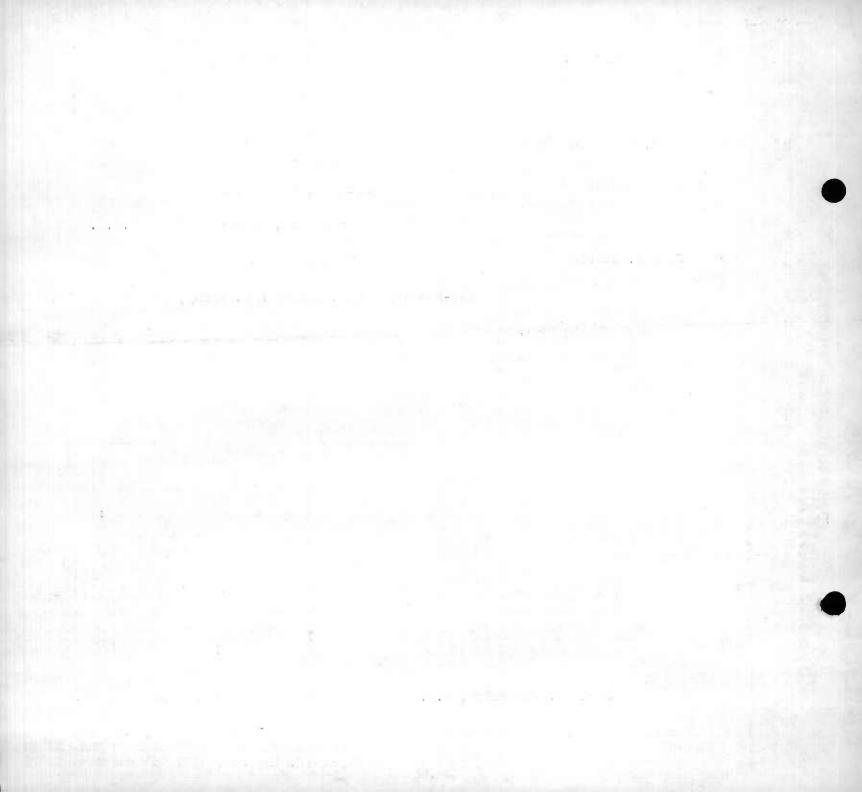
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Serve and the server of the se

A.V.

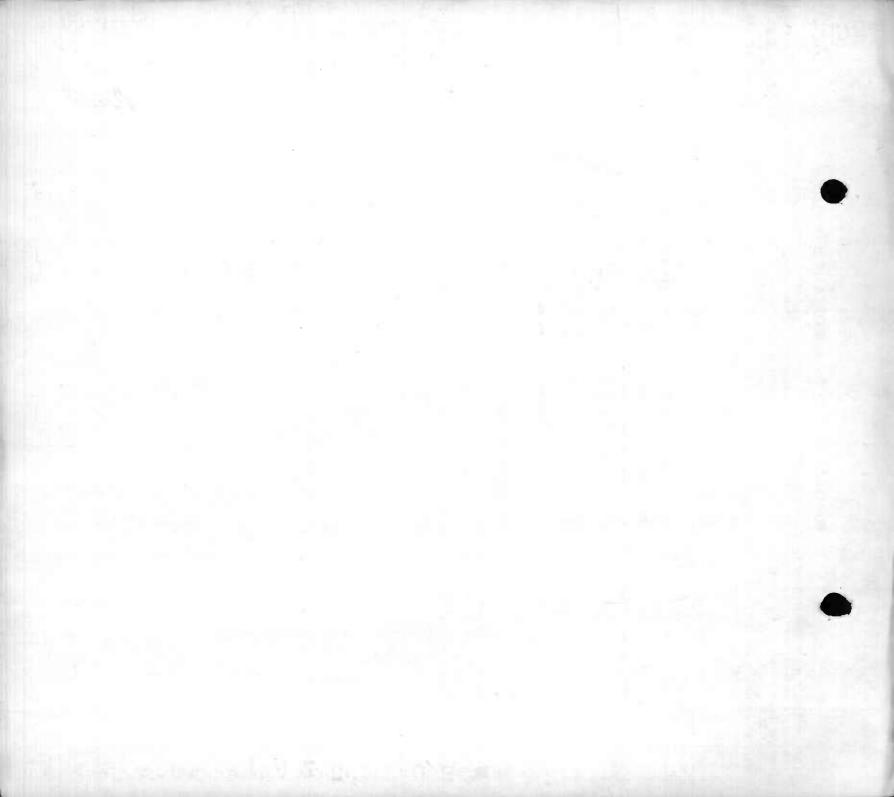
1. N	CASE NO. AME OF DEC	Marie B.	Bezold			nd hour of death rch 10, 1965		
3. P	LACE OF DE	ATH IN BALTIMORE			4. USUAL RESIDENCE (WH	ere deceased lived. If i	nstitution; residence before admission)	
					A. STATE B. COUNTY Maryland			
H	OSPITAL OR	OF (If not in hospi oddress or loca	itol or institution, otion)	give street	C. CITY OR TOWN (If outside city limits, write RURAL ond give township)			
11	NOITUTITZE	TUTION			Baltimore 21229			
9	St. Agnes Hospital				D. STREET ADDRESS (If rural, give location)  904 Calwell Road			
. S		6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
	Female	White	Sin	gle	April 3,1893	71		
		CUPATION (Give kind of a working life, even if retire		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?	
					Baltimore,	Maryland	U.S.A.	
3. [	ATHERS NA				14. MOTHERS MAIDEN N.			
	John	A. Bezold			Theresa Pet	ers		
5. V	Vas Deceoses	d Ever in U. S. Armed	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		212-03-0125	Mrs. Isabell	a H. Darby,	904 Calwell Rd. 212	
	1B. 44.0	0./ 1		CAUSE O	F DEATH		INTERVAL BETWEEN	
		SE OR CONDITION	DIRECTLY			001	ONSET AND DEATH	
		LEADING TO DEA	тн	(A) M	gocardia	I moret	em Sudden	
		nat mean the made , asthenia, etc. It me			0	0		
		mplicalian which cau		•				
		ANTECEDENT CAU	SES	(B)				
		OR CONDITIONS,						
	rise la lhe abave cause (A) slaling lhe (C)UNDERLYING CONDITION last,							
		Ш		(1.10.5	- Alast	C-1/- 1)	seare-	
NO O	OTHER SIGN	NIFICANT CONDITION	S CONTRIBUTION	IG DATE	Contra	C-0. 100		
ATI		DEATH BUT NOT F R CONDITION CAUSIN		Prenous	2 Gronar	4	1962	
FIC	19A. DATE O	F OPERATION 198. C	ONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	10 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
ERTIF	0				1010 1010	Inc. But	City of the state	
O	OR CONTRIB	ENT WAS UNDERLYIN	ho	me, form, foctory, street, o	n or obout 21 C. WHERE DID INJURY OCCUR?	of in politime	re City, give exact location)	
ICAL		fy medical examiner)	elo					
MEDI	OF INJURY	(Month) (Doy) (Y		E. INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?		
2	(APPROX)		W	hile At Not While ork At Work				
	22, I certify	y that (1) (this hosp	ital) attended	the deceased fram	11/18	19 6 Qa	3/10 1963	
		) last saw the dece		2/		that in (my) (aur) as	pinian death accurred an the dat	
					view the bady after death			
	23A. SJONAT	/1	/	(., () (a.a) (a.a nai)			23B, DATE SIGNED	
	Sha	J. D.	L	M.D. Att	ending Med. Director	Stoff Phys.	3/11/65	
	23C, PHYSICI	THERE	2000	7	23D. ADDRESS	rhys.	7/11/63	
	NAME (	(Type)	N Fradar	Maria Paramir		a Amoniio De	Itimoro Md 21227	
0.1.1	Bubla: 65			cick, M.D. M.D.			Altimore, Md. 21227	
24A	REMOVAL						City, town, or county) (Stote)	
	Buria			keview Cemete			nty, Maryland	
25A	. DATE REC'I	D BY HEALTH DEPT.	- 10 0 10	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
		MAR 15 196	D West	E Honder	Howard H. HU	ippard, 410/	Wilkens Ave. 21229	
_	150-REV. 1/1.	/65		3	3			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. pital and of death Such (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) LO a hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance cause FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street oddiess of location) C. CITY OF TOWN INSTITUTION canse; 0 more 0 D. STREET ADDRESS contributing rutol, give location) occurred Ē made. ONIE (4) Undetermined regular 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) lost birthdoy 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death disposition done during most of working life, even if retired) 0 MOS 13. FATHER'S NAME the 14, MOTHER'S MAIDEN NAME IMPORTANI death LO 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ance 0 CAUSE OF DEATH attend his DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (This does not mean the mode of dying, e.g., pa heart failure, asthenia, etc. It means the disease, regular DIRECTOR: injury or complication which caused death.) e m ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving 0 rise to the above cause (A) stating the physician UNDERLYING CONDITION last. remains Was FUNERAL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body the the chief 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) the ō WAS PERFORMED before 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where to the hospital ŝ DEATH (notify medical examiner) any nature; MEDI obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 9 21 F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) Work At Work and 22. I certify that (1) (this haspital) attended the deceased from ... that (1) (we) last saw the deceased alive on. to death) hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE Attending Stoff M.D. Med. Phys. Director approval o 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 0.0 REMOVAL (Specify)

VS 150-REV. 1/1/65

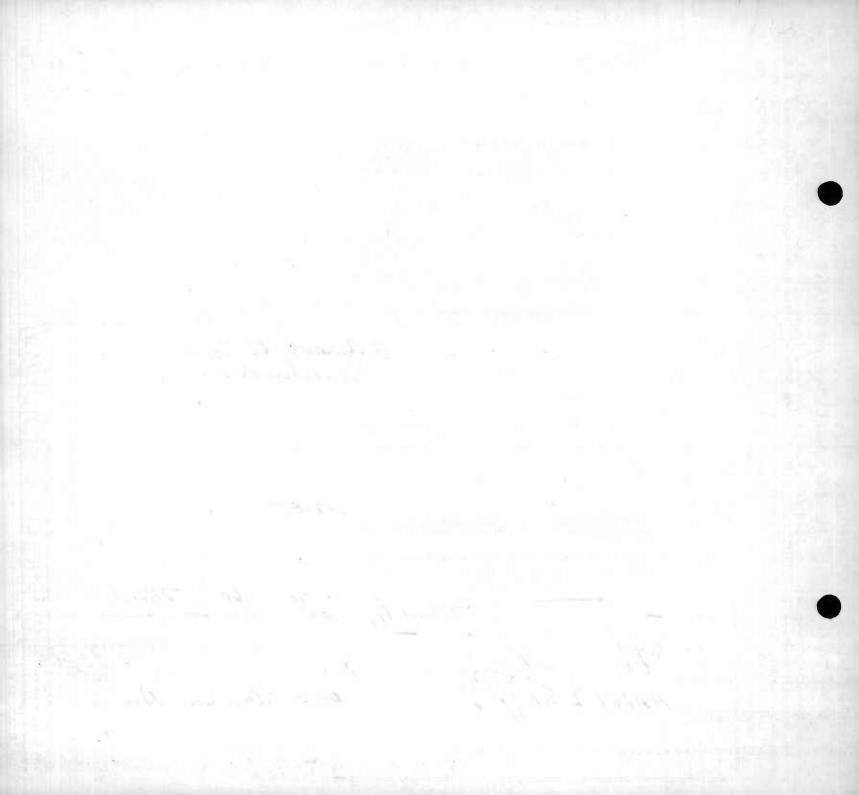
RIVER 3- 12-65 5 AN 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED deceased (City, town, or county) the body shows: Mas REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF 25C. FUNERAL DIRECTOR ADDRESS

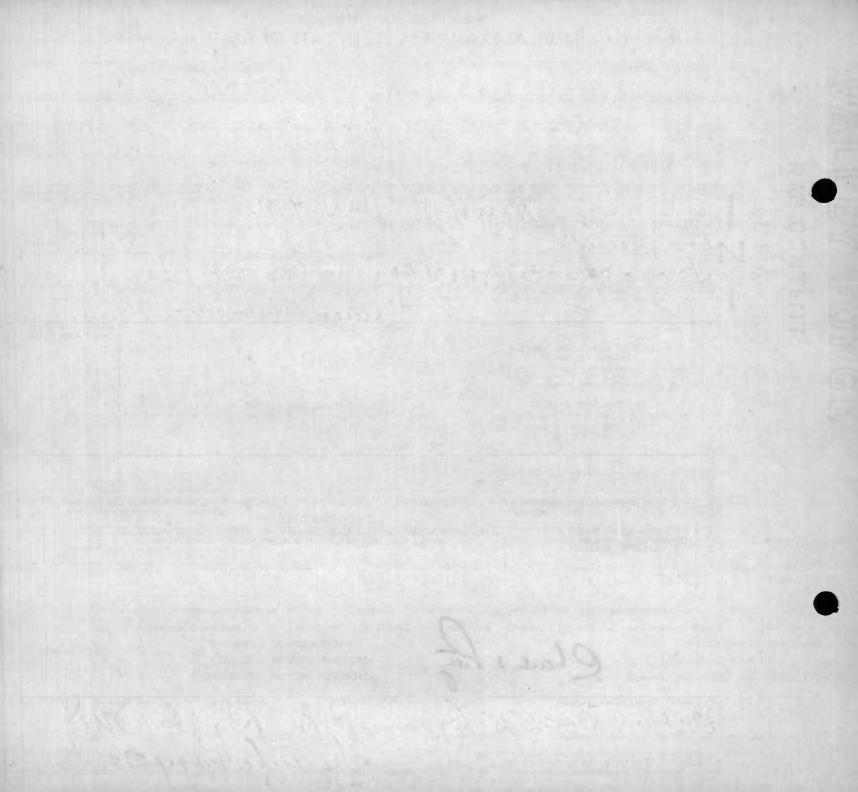


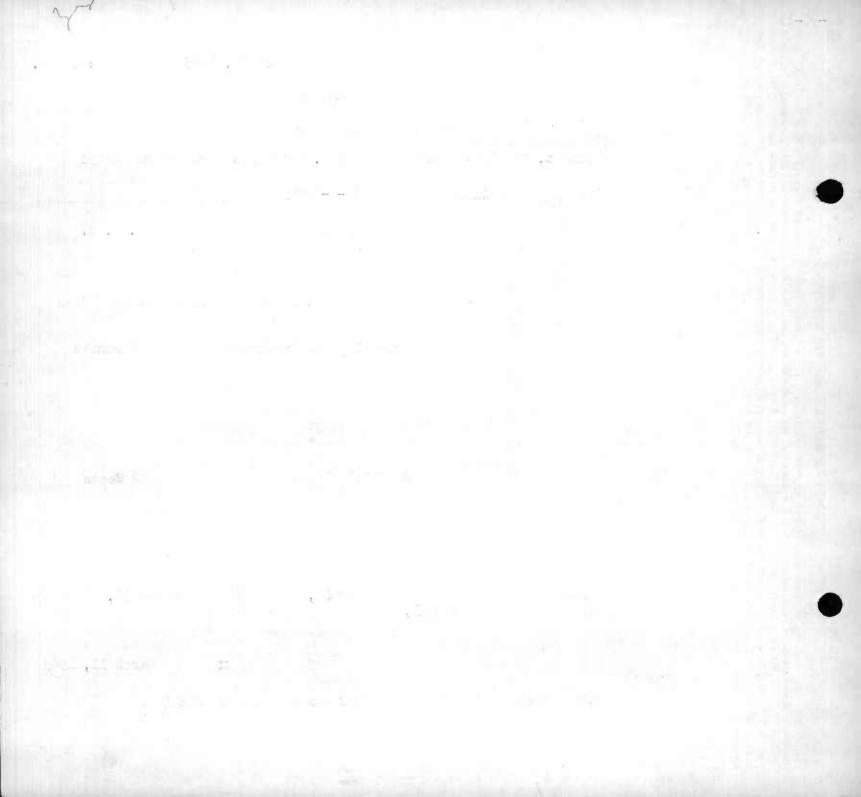
IMPORTANT

FUNERAL DIRECTOR:

RETH NO.  CERTIFICATE OF DEATH  Registered No. 6.5 2788  CERTIFICATE OF	BIRTH	H NO.	00 61	88	CEDTIFIC	ATE OF DEATH	Registered No	65 - 2	2788
AL CASE NO.  AL COLOR MAN COLOR AND					CLKIIIC	AIE OF DEATH			
Type or Printing  AC NESS  HERSCHEL  USUAL RESIDENCE POWER GEERER (SIEVE II) 1876 TO 1870  RESIDENCE POWER GEERER (SIEVE II) 1870 TO 1870 TO 1870 TO 1870  RESIDENCE POWER GEERER (SIEVE II) 1870 TO 1	M.E.	CASE NO.	EACED				NO HOUR OF DEAT	N	
ASTATE ADDESS OF CONDITION DIRECTLY LEADING TO DEATH  This deem neem the mode of drying, a.g., head follow, otherwise of course (all section)  DISEASS OR CONDITION DIRECTLY LEADING TO DEATH  This deem neem the mode of drying, a.g., head follow, otherwise of course (all stienes)  DISEASS OR CONDITION DIRECTLY LEADING TO DEATH  This deem neem the mode of drying, a.g., head follow, otherwise of course (all stienes)  DISEASS OR CONDITION DIRECTLY LEADING TO DEATH  This dees no mean the mode of drying, a.g., head follow, otherwise of course (all stienes)  DISEASS OR CONDITION DIRECTLY LEADING TO DEATH  This dees no mean the mode of drying, a.g., head follow, otherwise of course (all stienes)  DISEASS OR CONDITIONS CONTRIBUTING  DISEASS OR CONDITIONS (all may, giving rise to lite observe course (A) stiening the UNDERTITION CONTRIBUTING CONTRIBU				21	1112000				41.
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DISTACT DE BLANK DE B	. PL	LACE OF DEA	TH IN BALTIMORE, A	AARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived, if	institution: residen	ce before odmiss
DISTANCE OF CONDITION CONTRIBUTING  DISSASS OR COND							VII	Allen 1.	200
D. STREET ADDRESS   HI WAS, EVEN LOSSING    SEX   SACE   MARRIED, NEVER MARRIED   D. STREET ADDRESS   MORTHS   NAVE.    SEX   SACE   MARRIED, NEVER MARRIED   D. STREET ADDRESS   MORTHS   NAVE.    SEX   SACE   MARRIED, NEVER MARRIED   D. SACE OF BIRTH   NAVE.   NAVE.    SALE OF SACE   MARRIED, NEVER MARRIED   D. SACE OF BIRTH   NAVE.   NAVE.    SALE OF SACE   MARRIED, NEVER MARRIED   NO. SACE   NAVE.    SALE OF SACE   MARRIED, NEVER MARRIED   NO. SACE   NAVE.   NAVE.    SALE OF SACE   MARRIED, NEVER MARRIED   NO. SACE   NAVE.    SALE OF SACE   MARRIED, NEVER MARRIED   NO. SACE   NAVE.    SALE OF SACE   MARRIED, NEVER MARRIED   NO. SACE   NAVE.    SALE OF SACE   MARRIED, NEVER MARRIED   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.    SALE OF SACE   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.   NAVE.			F (If not in hospit	ol or institution,	give street			00	
D. STREET ADDRESS III road, give location of which control to the which is a part of birth of			odgress or roco	11011/		C. CITY OR TOWN (If ou	tside city limits, write	e RURAL ond give	township)
SEX 6. BACE   S. MARRIED, NEVER MARRIED   S. ADIT OF BIRTH   S. ADE (In years WIDOWED, DIVOKED Lapecin)   S. ADIT OF BIRTH   S. ADE (In years WIDOWED, DIVOKED Lapecin)   S. ADIT OF BIRTH   S. ADE (In years WIDOWED, DIVOKED Lapecin)   S. ADIT OF BIRTH   S. ADE (In years WIDOWED, DIVOKED Lapecin)   S. ADIT OF BIRTH   S. ADIT OF BIRTH   S. ADE (In years work)   S. ADIT OF BIRTH   S. ADIT OF BI						BALTI	MORE		
SEX 6. SACE    J. MARRIED, NEVER MARRIED   J. ADE OF BERTH   P. ADE (In years WIDOWED, DIVOKED (Ispecify)   J. BUTTON OF BERTH   P. ADE (In years WIDOWED, DIVOKED (Ispecify)   J. BUTTON OF BUTTON			257 YAL	E AV	E.	D. STREET ADDRESS (If	rurol, give location)		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., injury of complication which covered death.)  AND ECODORY CAUSES  DISEASE OR CONDITIONS, if any, giving itself to be observed causes (A) stationing the UNDERLYING CONDITION ISS.  DISEASE OR CONDITIONS, if any, giving itself to be observed causes (A) stationing the UNDERLYING CONDITION ISS.  DISEASE OR CONDITIONS, if any, giving itself of bedread or covered and the mode of drying, e.g., injury of complication which covered death.)  AND THE STONE CONDITION ISS.  DISEASE OR CONDITIONS, if any, giving itself of be observed causes (A) stationing the UNDERLYING CONDITION ISS.  DISEASE OR CONDITION ISS.  DISEASE OR CONDITIONS, if any, giving itself of be observed causes (A) stationing the UNDERLYING CONDITION ISS.  DISEASE OR CONDITION ISS.  DISEASE OR CONDITION ISS.  AND THE STONE CAUSES  DISEASE OR CONDITION ISS.  IN THE STONE CAUSE OF DEATH  ONLY THE STONE CAUSES  DISEASE OR CONDITION ISS.  IN THE STONE CAUSE OF DEATH  ONLY THE STONE CAUSES OF DEATH  ONLY THE STONE C		-	231 /112	- ton		357 VAL	E AVE		
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DA USUAL OCCUPATION (Give kind of work) [D. RIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) what country was under the deceased from the country was understand to the country was	. 25	X.	O. RACE					Months Doys	Hours Min
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WHAT COUNTRY?  WHAT C	0À.	USUAL OCCI	JPATION (Give kind of w		Application of the second of t		eion country)	112. CITIZEN C	)F
3. FATHER NAME  PATRICK  HICKEY  S. WES DECESSED EVEN U. S. Armed Forces?  S. WES DECESSED ON CONDITION DIRECTLY  LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)  DUE TO  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)  DUE TO  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DISEASE OR CONDITION S. if any, giving rise to the above cause IAI stoling the UNDERLYING CONDITION I ost.  DUE TO  DISEASE OR CONDITION S. if any, giving rise to the above cause IAI stoling the UNDERLYING CONDITION I ost.  DUE TO  DISEASE OR CONDITION FOR WHICH OPERATION  20A. AUTOPSYTI'S or No. 20R. IF YES, WERE FINDINGS, CONSIDERED WAS PERFORMED  DISEASES OR CONDITION FOR WHICH OPERATION  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  DO FOR THE DEATH BUT NOT RELATED TO THE CONTRIBUTING TO THE DEATH BUT NOT RELATED TO								WHAT CO	DUNTRY?
S. Was Deceased Ever in U. S. Armed Forces?  15. OSCIAL  17. INFORMANT  ADDRESS  18. OSCIAL  18. OSCIAL  19. OSCIAL  238. DATE SIGNED  238. DATE SIGNED  238. DATE SIGNED  239. OSCIAL  230. ADDESS  240. Phys. I. OSCIAL  231. Phys. I. OSCIAL  232. CHYSICIANS  19. OSCIAL  238. DATE SIGNED  239. OSCIAL  230. DATE SIGNED  231. DATE SIGNED  232. DATE SIGNED  233. DATE SIGNED  234. DATE SIGNED  235. DATE SIGNED  236. DATE SIGNED  236. DATE SIGNED  237. Phys. I. OSCIAL  238. DATE SIGNED  238. DATE SIGNED  239. DATE SIGNED  239. DATE SIGNED  230. DATE SIGNED  230. DATE SIGNED  230. DATE SIGNED  230. DATE SIGNED  231. DATE SIGNED  232. DATE SIGNED  233. DATE SIGNED  234. DATE SIGNED  235. DATE SIGNED  236. DATE SIGNED  236. DATE SIGNED  237. Phys. I. OSCIAL  238. DATE SIGNED  238. DATE SIGNED  239. DATE SIGNED  240. DOCATION  10. SOCIAL  10. SOCIAL  10.		140050	EKIEFOER	Re	ME	MD.			
S. WES DESCRETE TWO IN U. S. ARMORE FISHERS?  TENNO OF UNKNOWN [1] (Yes, give wor or doles of service)  18.	3. F					14. MOTHER'S MAIDEN NA	ME		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., head fedure, estheric, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the deave cause (A) storing rise to the above cause (A) storing									
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23A. SIGNATORS  23A. SIGNATORS  M.D. Attending Med. Director Phys. 3-12-63  23C. PHYSICIAN'S NAME (Type)  M.D. 4HENDING Med. Director Phys. 3-12-63  23D. ADDRESS  M.D. 4HENDING Med. Director Phys. 3-12-63  23D. ADDRESS  M.D. 4HENDING Med. Director Phys. 3-12-63  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  REMOVAL (Specify) 3-15-65  Cattlebal Com. Batterne Phys. 3-15-65  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES (Crise to Ihoun DERLYIN (CONTROL OF INTERMENT OF	OR CONDITIONS, is abave cause (A GONDITION last.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING OPERATION 198. COWAS PORT WAS UNDERLYING THAT (A GONDITION CAUSE OF medical examine)  (Month) (Doy) (Year that (1) (**)	CONTRIBUTING CONTR	DUE TD  (C)  (G)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.l.)  E. INJURY OCCURRED hile At  Not Wook  At Wook  the deceased fram	office bldg., INJURY OCCUR?	O) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CON AUSES OF DEATH	H?  ct locotion)
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23 C. PHYSICIAN'S NAME (Jype)  Phys.   Alending   Med.   Director   Phys.   3-/2-63  23 C. PHYSICIAN'S NAME (Jype)  M. D.   HI & Edmondson   Are   29  PAA. BURIAL CREMATION.   24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, of county)   (SI  PAA. BURIAL CREMATION.   24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, of county)   (SI  Phys.   Solitante   24D. LOCATION (City, town, of county)   (SI  Phys.   3-/2-63  Phys.   3-/2-63  Phys.   3-/2-63  Phys.   3-/2-63  Phys.   3-/2-63  Phys.   23D. ADDRESS  Phys.   24D. LOCATION (City, town, of county)   (SI  Phys.   24D. LOCATION (City, town, of county)   (SI  Phys.   25D. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DOTATE OF CONTRIBUTION (APPROX.)	PR CONDITIONS, is above cause (A CONDITION last.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING OPERATION 198. COMMAS PROPORTION (Month) (Doy) (Year that (1) (ship heap))	CONTRIBUTING CONTRIBUTING ELATED TD T G IT. DNDITION FOR ERFORMED  21 ho etc or) (Hour) 21 W W  4al) attended ased alive an	DUE TD  (C)  RG  HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED hile At Not Willow hile At Work  the deceased fram	office bldg., INJURY OCCUR?  21 F. HOW DID IN.  hile	O) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CON AUSES OF DEATH	H?  ct locotion)
23C. PHYSICIAN'S NAME (Type)  HARRY  M.D. HIG Edmondson Are \$29  24A. BURIAL CREMATION, 24B. DATE /24C. WAME OF CEMETERY OF CREMATORY  REMOVAL (Specify)  3-1565  Cattlebal Cem. Batterare  25A, DATE REC'D BY, HEALTH DEPT.   25B, NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DOTTER SIGNITO THE DEATH (notify 21 D. TIME OF INJURY (APPRDX.)  22. I certify that (I) (and) and haur and	PR CONDITIONS, is above cause (A CONDITION last.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING CAUSE OF MEDICAL CONDITIONS (MAS P)  TO WAS UNDERLYING CAUSE OF MEDICAL EXAMPLE (Month) (Doy) (Year that (I) (ship heap) last saw the deceal from the causes s	CONTRIBUTING CONTRIBUTING ELATED TD T G IT. DNDITION FOR ERFORMED  21 ho etc or) (Hour) 21 W W  4al) attended ased alive an	DUE TD  (C)  RG  HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED hile At Not Willow hile At Work  the deceased fram	office bldg., INJURY OCCUR?  21 F. HOW DID IN.  hile	O) 208, IF YES, WER IN CERTIFYING C	EFINDINGS CONCAUSES OF DEATH	17 (c)
23C. PHYSICIAN'S NAME (Type)  HARRY  M.D. HIG Edmondson Are \$29  24A. BURIAL CREMATION, 24B. DATE /24C. WAME OF CEMETERY OF CREMATORY  REMOVAL (Specify)  3-1565  Cattlebal Cem. Batterare  25A, DATE REC'D BY, HEALTH DEPT.   25B, NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DOTTER SIGNITO THE DEATH (notify 21 D. TIME OF INJURY (APPRDX.)  22. I certify that (I) (and) and haur and	PR CONDITIONS, is above cause (A CONDITION last.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING CAUSE OF MEDICAL CONDITIONS (MAS P)  TO WAS UNDERLYING CAUSE OF MEDICAL EXAMPLE (Month) (Doy) (Year that (I) (ship heap) last saw the deceal from the causes s	CONTRIBUTING CONTRIBUTING ELATED TD T G IT. DNDITION FOR ERFORMED  21 ho etc or) (Hour) 21 W W  4al) attended ased alive an	DUE TD  (C)  RG HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED hile At Not Willow hile At Work  the deceased fram	office bldg., INJURY OCCUR?  21 F. HOW DID IN.  hile	O) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CON CAUSES OF DEATH OF City, give exore pinion death oc	19 65
NAME (Type)  HARRY L. MN/PP  M.D. 416 Edmondson Are \$29  24A. BURIAL CREMATION.   24B. DATE / 24C. WAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, of county) (ST  REMOVAL (Specify) 3-1565 Cattlebal Cem. Batterne Jud.  25A. DATE REC'D BY, HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DOTTER SIGNITO THE DEATH (notify 21 D. TIME OF INJURY (APPRDX.)  22. I certify that (I) (and) and haur and	PR CONDITIONS, is above cause (A CONDITION last.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING CAUSE OF MEDICAL CONDITIONS (MAS P)  TO WAS UNDERLYING CAUSE OF MEDICAL EXAMPLE (Month) (Doy) (Year that (I) (ship heap) last saw the deceal from the causes s	CONTRIBUTING CONTRIBUTING ELATED TD T G IT. DNDITION FOR ERFORMED  21 ho etc or) (Hour) 21 W W  4al) attended ased alive an	DUE TD  (C)  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  (E) INJURY OCCURRED hile A1  Not WI ook  Not W	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID IN.  hite	O) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CON CAUSES OF DEATH OF City, give exore pinion death oc	11 (contion)
HARRY L. MNIPP M.D. 416 Edimondson Are \$29.  24A. BURIAL CREMATION. 24B. DATE /24C. WAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (SI  25A. DATE REC'D BY, HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTINUED THE SIGNITO THE DISEASE DR DISEASE D	PR CONDITIONS, is above cause (A condition last.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING OPERATION 198. COWAS PORT WAS UNDERLYING THAT (I) (ship heap)  (Month) (Doy) (Year)  I that (I) (ship heap)  I fram the causes seath cause	CONTRIBUTING CONTRIBUTING ELATED TD T G IT. DNDITION FOR ERFORMED  21 ho etc or) (Hour) 21 W W  4al) attended ased alive an	DUE TD  (C)  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  (E) INJURY OCCURRED hile A1  Not WI ook  Not W	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN.  hite	O) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CON CAUSES OF DEATH OF City, give exore pinion death oc	19 65
REMOVAL (Specify)  3-1565 Cathedral Cem. Batternae Mel.  25A DATE REC'D BY HEALTH DEPT.   25A NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DOTTER SIGNITO THE SIGNITOR	PR CONDITIONS, is above cause (A condition last.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING CAUSE OF medicol exominer)  That (I) (ship heaping last saw the decease of fram the causes seathers.	CONTRIBUTING CONTRIBUTING ELATED TD T G IT. DNDITION FOR ERFORMED  21 ho etc or) (Hour) 21 W W  4al) attended ased alive an	DUE TD  (C)  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,)  (E) INJURY OCCURRED hile A1  Not WI ook  Not W	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN.  hite	O) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CON CAUSES OF DEATH OF City, give exore pinion death oc	11 (contion)
REMOVAL (Specify)  Jewer 3-1565 Cathedral Cem. Batterne Mel.  25A, DATE REC'D BY, HEALTH, DEPT.   25B, NAME OF REGISTRAR   25C, FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DOTTER SIGNITO THE SIGNITOR	PR CONDITIONS, is above cause (A condition last.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING CAUSE OF medicol exominer)  That (I) (ship heaping last saw the decease of fram the causes seathers.	CONTRIBUTING CONTRIBUTING ELATED TD T G IT. DNDITION FOR ERFORMED  21 ho etc or) (Hour) 21 W W  4al) attended ased alive an	DUE TD  (C)  (C)  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED  hile At	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID IN.  19 25 and the view the bady after death.  Amed. Director   23 D. ADDRESS	O) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CON CAUSES OF DEATH OF City, give exore pinion death oc	19 69
Decical 3-1565 Catherry Cim. Balling Ind. 25A DATE REC'D BY HEALTH DEPT.  25B NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DESCRIPTION OF THE DESCRIPT	PR CONDITIONS, is above cause (A condition last.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING CAUSE OF medicol exominer)  That (I) (ship heaping last saw the decease of fram the causes stopped of the cause stopped of the causes stopped	CONTRIBUTING CONTRIBUTING ELATED TD T GIT. CONTRIBUTING ERFORMED  21 ho ele ele ele ele ele ele ele ele ele el	DUE TD  (C)  (C)  (G)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  (E. INJURY OCCURRED hile At   Not Window At Wood (I) (We) (did) (did not)  (I) (We) (did) (did not)  (I) (We) (did) (did not)  (I) (Me) (did) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN. hile	O) 208, IF YES, WER IN CERTIFYING COUR?  (If in Boltiman III) OCCUR?  19 60 ta and in (my) (our) a stoff Phys.   Moordon	March  pinion death oc  238. DATE SIG  3-1	11 19 63  curred on the
25A DATE REC'D BY HEALTH DEPT.   25B NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS	MEDICAL CERTIFICATION	DISEASES CONTINE TO THE DOUSEASE DR 19A-DATE OF CONTRIBLE DEATH (notify (APPRDX.)  21 A. ACCIDE OF INJURY (APPRDX.)  22 A. Certify that (I) (194) and haur a	PR CONDITIONS, is above cause (A condition last.  FICANT CONDITION ISS.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING OPERATION 198. COWAS PORT WAS UNDERLYING THAT (I) (shie heaping) (Month) (Doy) (Year Instrument) (Month) (1) (shie heaping) (Month) (248. DATE	CONTRIBUTING CONTRIBUTING ELATED TD T GIT. CONTRIBUTING ERFORMED  21 ho ele ele ele ele ele ele ele ele ele el	DUE TD  (C)  (C)  (G)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  (E. INJURY OCCURRED hile At   Not Window At Wood (I) (We) (did) (did not)  (I) (We) (did) (did not)  (I) (We) (did) (did not)  (I) (Me) (did) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN. hile	O) 208, IF YES, WER IN CERTIFYING COUR?  (If in Boltiman III) OCCUR?  19 60 ta and in (my) (our) a stoff Phys.   Moordon	March  pinion death oc  238. DATE SIG  3-1	11 19 6.9 curred on the 12-65
MAR 15 1965 Robert E. Jackyth On Jacks Standard Morne astowelle h	MEDICAL CERTIFICATION	DISEASES CONTROL  THE DISEASE DR  DISEASE	PR CONDITIONS, is above cause (A condition last.  FICANT CONDITION ISS.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING CAUSE OF medical examines)  That (I) (shie-heaping last saw the decead from the causes see that (I) (shie-heaping)	CONTRIBUTING CONTRIBUTING ELATED TD T G IT.  CONTRIBUTING ERFORMED  21 ho ele ele ele ele ele ele ele ele ele el	DUE TD  (C)  (C)  (G)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  (E. INJURY OCCURRED hile At   Not Window At Wood (I) (We) (did) (did not)  (I) (We) (did) (did not)  (I) (We) (did) (did not)  (I) (Me) (did) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN. hile	O) 208, IF YES, WER IN CERTIFYING COUR?  (If in Boltiman III) OCCUR?  19 60 ta and in (my) (our) a stoff Phys.   Moordon	March  pinion death oc  238. DATE SIG  3-1	11 19 6.9 curred on the 12-65
min so isou the colonite of in the state of the palacette h	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DESCRIPTION OF THE DESCRIPT	PR CONDITIONS, is above cause (A condition last.)  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING OPERATION 198. Condition (Mass of medical examines)  That (1) (ship heaping last saw the decease of fram the causes says of the causes says	CONTRIBUTING CONTR	DUE TD  (C)  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, e.g.)  E. INJURY OCCURRED hile Al  Not Will not N	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID IN.  19 25 and the view the bady after death.  23 D. ADDRESS  23 D. ADDRESS  C. C	O) 208. IF YES, WER IN CERTIFYING COUR?  (If in Boltiman In Boltiman In Boltiman In Court In	March  pinion death oc  238. DATE SIG  3-1	11 19 6.9 curred on the 12-65
	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DESCRIPTION OF THE DESCRIPT	PR CONDITIONS, is above cause (A condition last.)  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING OPERATION 198. Condition (Mass of medical examines)  That (1) (ship heaping last saw the decease of fram the causes says of the causes says	CONTRIBUTING CONTR	DUE TD  (C)  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, e.g.)  E. INJURY OCCURRED hile Al  Not Will not N	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID IN.  19 25 and the view the bady after death.  23 D. ADDRESS  23 D. ADDRESS  C. C	O) 208. IF YES, WER IN CERTIFYING COUR?  (If in Boltiman In Boltiman In Boltiman In Court In	E FINDINGS CON: AUSES OF DEATH ore City, give exore  23B. DATE SIG  3-1  (City, town, or cou	11 19 6.5  curred on the NED 12-65  may 29 (Stote Discussion)
	MEDICAL CERTIFICATION	DISEASES CONTISE TO THE DESCRIPTION OF THE DESCRIPT	PR CONDITIONS, is above cause (A CONDITION last.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING CAUSE OF medicol exominer)  That (I) (ship heaping last saw the decease of fram the causes see that the c	CONTRIBUTING CONTR	DUE TD  (C)  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, e.g.)  E. INJURY OCCURRED hile Al  Not Will not N	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID IN.  19 25 and the view the bady after death.  23 D. ADDRESS  23 D. ADDRESS  C. C	O) 208. IF YES, WER IN CERTIFYING COUR?  (If in Boltiman In Boltiman In Boltiman In Court In	E FINDINGS CON: AUSES OF DEATH ore City, give exore  23B. DATE SIG  3-1  (City, town, or cou	11 19 6  curred on the SNED  12-65  ANED  12-65  ANED  12-65  ANED  12-65

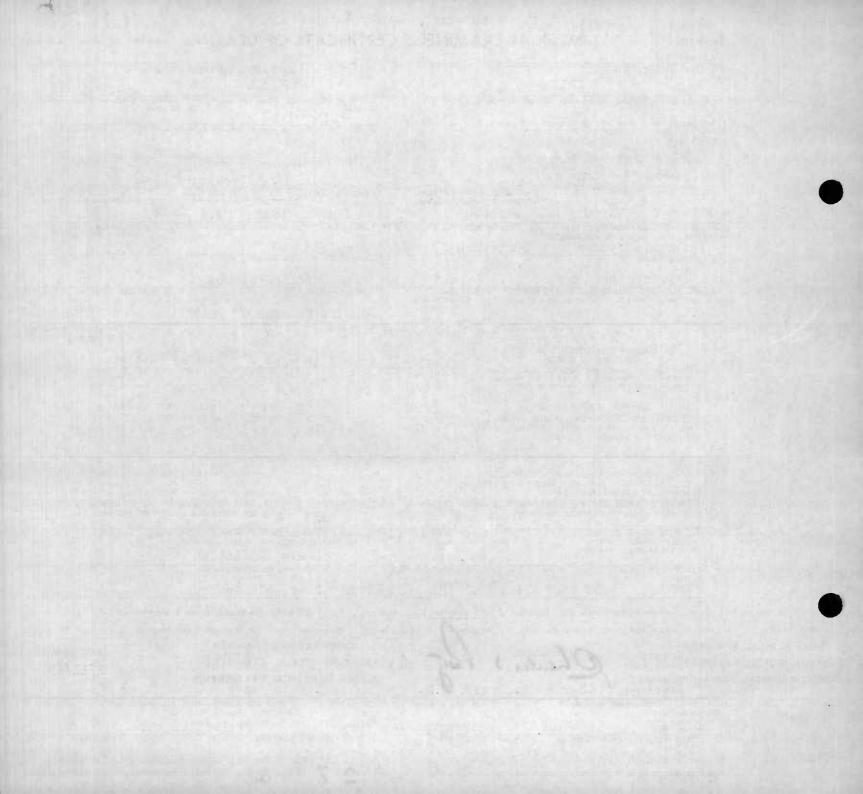






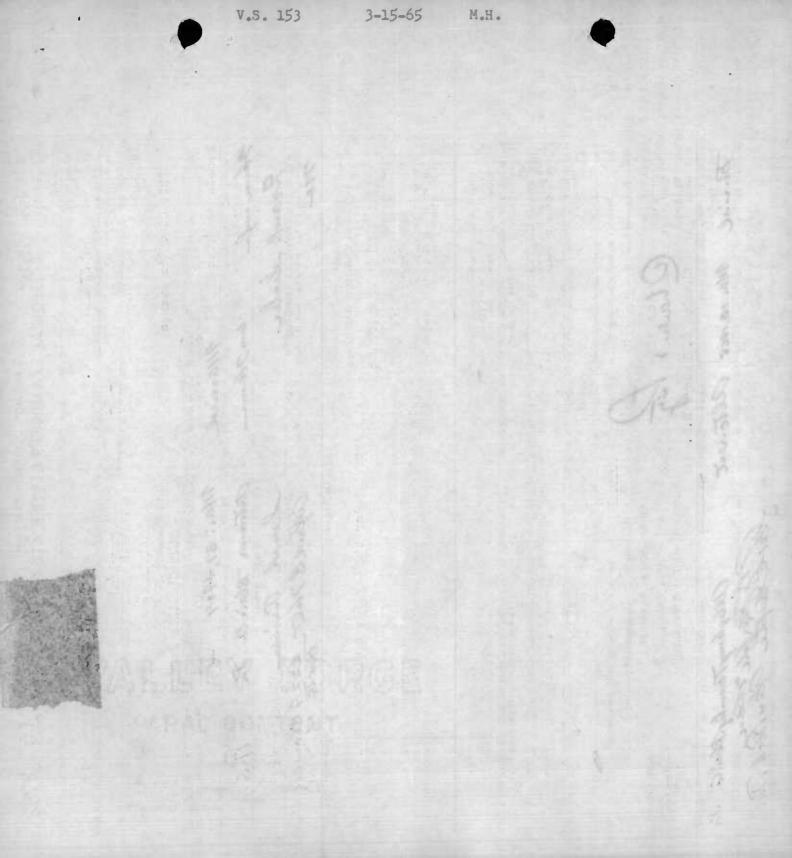
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BIRTH NO.	MEDI	ICAL EX	CAMINER'S C	ERTIFICAT	TE OF I	DEATH Registe	ered No	
M.E. CASE NO.								
1. NAME OF DEC						D HOUR PRONOUNC	ED DEAD	THE PARTY
trype of titing	ELIJA	Н	SIMMS		Marc	h 10, 1965	14:	30 P
3. PLACE IN BALT	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	14. USUAL RESID	ENCE (Where	deceased lived. If ins		//
				A. STATE		B. CO		
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET		ryland	e carparote limits, writ	e RURAL and give	ta wn ship)
				Ba	ltimore	, 7,	1-11	
War 1	Memorial Plaz	a		D. STREET ADD			1 1	
Lexi	ngton Street			25	25 77 72	-1 /		
		77 444 55155	**************************************	8. DATE OF BIRT		elvedere Av		17.11
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months, Doys	
Male	White	Wido		Jan.	2, 1892			
			BUSINESS OR INDUSTR				12. CITIZEN OF	
	warking life, even if retired)					,,.	WHAT COU	NTRY?
	ce broker	Insur	ance	Maryland			U.S.A.	
13. FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAM	E		
Thomas	s Simms			Co.	noline	Richan		
	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	roline	ртриор	ADDRESS	
	If yes, give wor or dote		SECURITY NO.	17. INFORMANT			ADDRESS	
No.				John T. S	Simms 8	309 Dalesfor	rd Road 2	1234
18.		- 172-74				ood Date of		
10. 7	761		CAUSE	OF DEATH				T AND DEATH
DISEA	SE OR CONDITION DI	RECTLY						
O local	LEADING TO DEATH		Chatau	n Wound o	f Hood			
(This does	not meon the mode of	dying, e.g.,	DUE TO	IL WOULD.	rmean			
injury or co	, asthenio, etc. It means mplication which coused	death.)						
A	ANTECENDENT CAUSE	S	(7)					
	OR CONDITIONS, IF A		(B)					
	E ABOVE CAUSE (A) ST	TATING THE						
	TO CONDITION LAST.		(C)					
ō			100					
-	ll	CONTRIBUTIO	10					
O THER SIG	NIFICANT CONDITIONS DEATH BUT NOT REI							
E DISEASE O	R CONDITION CAUSING		100000000000000000000000000000000000000					
OTHER SIG TO THE DISEASE O	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSID	ERED
0	WAS PER	FORMED		No		IN CERTIFYING CAU	SES OF DEATH?	
Z DIA EYTERNA	L CAUSE WAS	018	DI ACE OF INITIDY (		WHERE DID	Of in Paltimana City	I	
O UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., , form, factory, street,	office bldg., INJURY	OCCUR?	tir in ballimare City, g	ive exact locollan	
UTING CAU	SE OF DEATH.	etc.)	Plaza			n Street		
E 21D TIME	(Month) (Day) (Year	r) (Hour) 2	1E. INJURY OCCURRED		ITHI DID MO			
OF INJURY	(Month) (Day) (Teol				O 44 DID 11431	JRI OCCOR:		
(APPROX.)	3 10 '65	P m. V	VHILE AT NOT	WHILE X SI	not sel	f in head.		
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ACTUA		.0. 1	Less M.D	ASSISTANT M	EDICAL EX	CAMINER K		
SIGNAT		ucs	M.D				3,	/11/65
EXAMIN	Charle	c C Do	tty (M.D.	ASSOCIATE M	EDICAL E	AAMINEK	1	-
NAME (			tty, M.D.		la a m		1 1	100
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME of CEMETERY	CREMATORY	23D. L	OCATION 1City	, tawn, or county)	(State)
Burial	3/13/6	5	Domlarand Co.	no town		Domleres 77	7.173	
			Parkwood Cer			Parkville,		
24A. DATE REC'D	BY HEALTH DEPT.	4.00	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRE:	12
MAR 15	1965 (PO A	C FA	Pres Hall	Miri	ch Fine	eral Home 42	210 Beleir	road.
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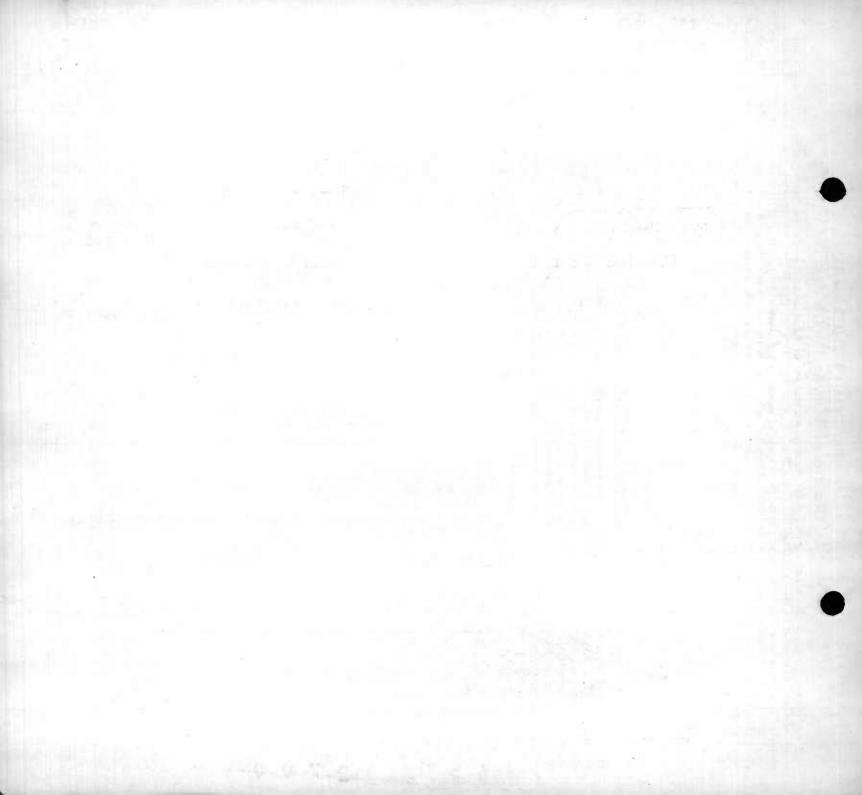
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
MARJORIE E. HOI	LT March 10, 1965 6:00 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased livedy If institution: residence before admission A. STATE B. COUNTY
FERTIFICATE CORPETTED 3-15-65	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore 2/100
2229 Cloville Avenue	D. STREET ADDRESS (If rural, give locotion)
	2229 Cloville Avenue
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs
Female White WIDOWED, DIVORCED(specify)	Mar. 31, 4709 5554
Female White Married Married 100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUS	
done during most of working life, even if retired)	altoma Blair la. Pa. WHAT COUNTRY?
There was	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Trank Suster	Sarah Schultzaberger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT & Falt 222 9 Clevelee Cine
ne	Balto 14, mel.
18. CAI	USE OF DEATH INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eriosclerotic Cardiovascular Disease.
This does not mean the mode of dving, e.g.,	erioscielotic dardiovascular Discase.
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.	e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB-	et, office bldg., INJURY OCCUR?
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
OF INJURY	
m. WORK A1	OT WHILE T WORK
22. I certify that I held an Inquiry Inspection	Autopsy 🗓 ond that on this basis, death in my opinian
	cide Homicide Undetermined monner
resulted from: Natural causes X Accident J Sui	
ACTUAL (1)	CHIEF MEDICAL EXAMINER L
SIGNATURE (Charles) Teles	A.D. ASSISTANT MEDICAL EXAMINER 3/11/65
EXAMINER'S Chamles & Bottom M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Charles S. Petty, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETER	DY > CREATANDRY 122D LOCATION (C)
REMOVAL (Specify)	
Burial May 13, 1965 alteris	city of teaming
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR GOLD TO COLLADORESS
MAR 15 1965 ( Lead & Talkey ".	W. FOR IT ON BOOK

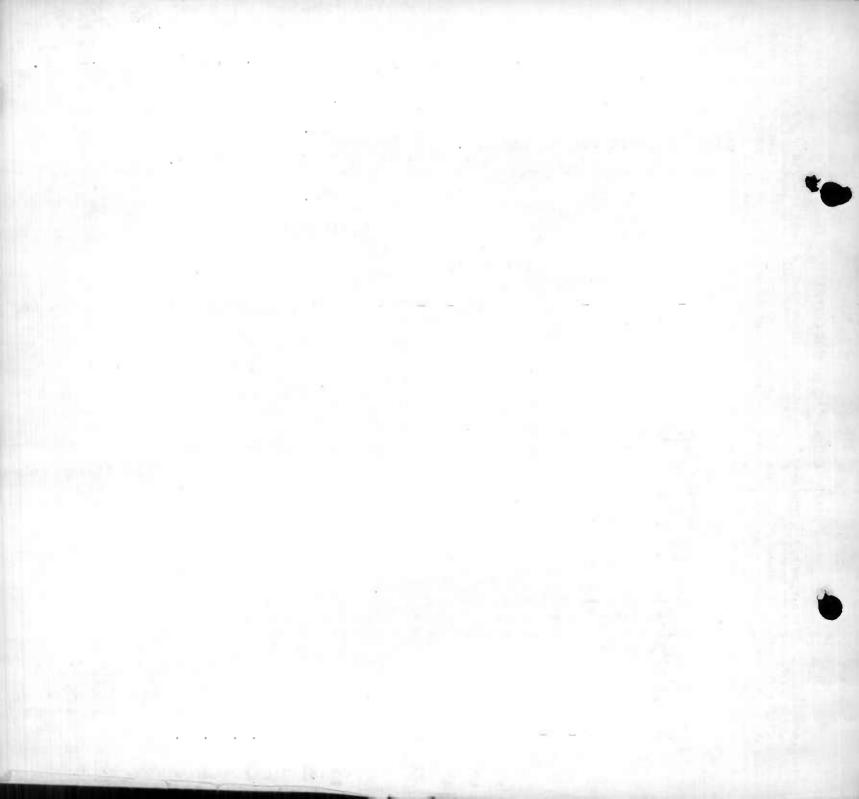


BIRTH NO. MEDICAL EXAMINER S CI	EKTIFICATE OF DEATH Registered No
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ARCHIE GIUSTINA	March 13, 1965 5:10 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD STREET CORRECTED 5-4-65 HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state Maryland  C. CITY OR TOWN (If outside corporate limits, write BURAL and give township)
Union Memorial Hospital	D. STREET ADDRESS (If rurol, give locotion)  2222 S. Conklin Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  Male White	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 H lost birthdoy) Months, Doys, Hours, Min
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)  Knife Sherpener Self employed	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Coinceria	Masy Mosca
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL	17. INFORMANT ADDRESS
Yos, no or unknown) (If yes, give wor or doles of sorvice)  SECURITY NO.	Mrs Lucy Pickering
	OF DEATH INTERVAL BETWEEN
DISPACE OF CONDITION DISPACE	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multi	ple Traumatic Injuries.
(This does not moon the mode of dying e.g., head foliur, asthanio, etc. II means the disease, injury or complication which caused death.)	
AND CONTRACTOR OF THE CONTRACT	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  199. CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21A. EXTERNAL CAUSE WAS OUNDERLYING ZEOR CONTRIB- Home, form, foctory, street, of the contribility of the	in or obout 21C, WHERE DID (If in Boltimore City, give exect location) office bldg., NJURY OCCUR?  2307 N. Charles Street
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	Jumped from 3d floor window of burnin house.
22. I certify that I held an Inquiry Inspection Aut	topsy x and that on this basis, death in my opinian
resulted from: Natural couses Academa Suicid	e Homicide W Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ( harles ) letty M.D.	ASSISTANT MEDICAL EXAMINER 3/13/65
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF THE PROPERTY OF THE	o MI
MAR 1 6 1965 Pole & Farly M. A.	24C/FUNERAL DIRECTOR ADDRESS  Lagrande D Zanning In 263 S. Confele
VS 151-REV. 1/1/65	0 7 9 8

CERTIFICATE OF DEATH  Registered No.  13.05 CERTIFICATE OF DEATH  HARRY GOLDMAN  13.15 PA  ACT OF DEATH IN BATIMORE MARILAND  RED of DEATH IN BATIMORE MARILAND  IN BATIMORE MARILAND  IN BATIMORE MARILAND  IN BATIMORE MARILAND  IN STREET ADDRESS (If mail, give leading)  IN THE JOHNS HOPKINS HOSPITAL  IN STREET ADDRESS (If mail, give leading)  IN STREET ADDRESS (If mai		BALTIMORE CITY HE	ALTH DEPARTMENT		65 2794
ACE OF COLATIN IN BALTMORE, MARTLAND  LI NAMA OF  Off and in begind or institution, give sheet  STATA OF BUTTA  LI NAMA OF  Off and in begind or institution, give sheet  STATA OF BUTTA  LI NAMA OF  OFFICE AND HOUR OF DEATH  MARYLAND  LI NAMA OF  OFFICE AND HOUR OF DEATH  OFFICE AND HOUR OF DEATH  MARYLAND  LI NAMA OF  OFFICE AND HOUR OFFICE AND HOUR OFFICE AND HOUR AND HOUR OFFICE AND HOUR OFFI	BIRTH NO. 65 2794	CERTIFICATE	OF DEATH	Registered No	00 6/34
ACE OF DEATH IN BALTIMORE, MARTLAND  LE NAME OF COUNTY IN BALTIMORE, MARTLAND  LE NAME OF COUNTY IN BALTIMORE, MARTLAND  LE NAME OF COUNTY IN BALTIMORE COLLY  TRIVING  LE NAME OF COLLY  TRIVING  LE NAME OF COLLY  TRIVING  LE JOHNS HOPKINS HOSPITAL  C. CIT OR TOWN IS discussed exceed lived. If institution residence before educis size of the collection o	NAME OF DECEASED		2. DATE A		
LE JOHNS HOPKINS HOSPITAL    A STEET ADDRESS   If rood, give location   SALT   SALTE	HANNI GOLDHAN				
CHY OF TOWN OF TOWN OF THE MANAGE COLORS AND THE JOHN'S HOPKINS HOSPITAL  C. CHY OF TOWN OF THE MANAGE COLORS AND THE JOHN'S HOPKINS HOSPITAL  C. CHY OF TOWN OF THE MANAGE COLORS AND THE JOHN'S HOPKINS HOSPITAL  C. CHY OF TOWN OF THE MANAGE COLORS AND THE JOHN'S HOPKINS AND THE JOHN'S HEAD THE JOHN'S HEAD THE JOHN'S HEA	PLACE OF DEATH IN BALTIMORE, MARYLAND	A.	STATE B, COU	ere deceased lived. If in	stitution; residence before odmission
HE JOHNS HOPKINS HOSPITAL  BALTIMORE CITY  D. STREET ADDRESS (If rand, give leaction)  717 LAKE DRIVE  LE WHITE WIDOWS DIVORCE (specify)  DIVORCE (Specify)  10-10-82  82  12. CITIXEN OF Months (love kind of work) logs, kind of business or industry  Reserved from the divorce of the specify of the period of the specify of the specify of the period of the specify of the sp	FULL NAME OF (If not in hospital or institution, given and the state of the state o				5-01
D. STREET ADDRESS (If roof, give location)  717 LAKE DRIVE  LE WHITE  SUAL OCCUPATION (Give kind of weat) (loc. kinn of pauly)  DIVORCED (specify)  DIVORCED (specify)	INSTITUTION	ll R			RURAL and give township)
LE WHITE   7. MARRIED, NEVER MARRIED   10. DATE OF BIRTH   10.45 Et nyears   10.45 High Months   10.45 Hig	THE JOHNS HOPKINS HOSPI	TAI			
WHITE DIVORCED (specify) 10-10-82 (as shrided) (as kind of pushing specify) 10-10-82 (but shrided) (		7	717 LAKE DR	IVE	
INTERED ALSE OR CONDITIONS, if any, giving as la the boave cause (A) stoling the conditions, established to the Condition of the Month Conditions (A) stoling the Conditions Con	SEX 6. RACE 7. MARRIED, N	DIVORCED (specify)	DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Hrs.
ADDRESS  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DISTASE OR CONDITIONS, if only, giving sen to the bowe cause (A) stating the INDERLYING CONDITION ISL.  I TOTAL STATE OR CONDITION ISL.  DISTASE OR CONDITION SCONTRIBUTING  ANTECEDENT CAUSES  DISEASE OR CONDITION SCONTRIBUTING  CAUSE OF DEATH  DISTASE OR CONDITIONS, if only, giving sen to the obove cause (A) stating the INDERLYING CONDITION ISL.  I TOTAL STATE OR CONDITION SCONTRIBUTING  ANTECEDENT CAUSES  DISEASE OR CONDITION CAUSES ON TO THE  ADDRESS  DISEASE OR CONDITION CAUSES ON TO THE  DISTASE OR CONDITION CAUSES OF DEATH  DISTASE OR CONDITION CAUSES ON TO THE  ADDRESS  DISEASE OR CONDITION CAUSES ON TO THE  DISEASE OR CONDITION CAUSES OF DEATH  DISTASE OR CONDITION CAUSES OF DEATH	MALE WHITE DIVO	RCED	10-10-82	82	
THERE'S MAME  MAURICE GOLDMAN  So Deceased Ever in U. S. Armed Forces?  So of unknown] III yes, give wor of dotes of service)  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not mean the mode of dring, e.g., rearl follows, estheria, etc. II means the disease, rearl follows, astheria, etc. rearl follows, astheria, etc		BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
MAURICE GOLDMAN  SE Deceased Ever in U. S. Armed Forces?  STOCKINE BUCKENHE IM  ADDRESS  OF Unknown/III yes, give wor of does of service)  STOCKINT NO.  TO RERICE GOLDMAN  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not meen the mode of dying, e.g., miyr at complication which caused death.]  ANTECEDENT CAUSES  ON CONDITIONS, if any, giving se to the above cause (A) stating the  INDERLYING CONDITIONS CONTRIBUTING  ON THE DEATH ONDITIONS CONTRIBUTING  OTHER SIGNIFICANT CONDITIONS  OTHER	MERCHANT ReT	-	BALTO,	MD	450
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  In means the disease, night of complete the deceased from the mode of dyring, e.g., night or complication which caused death.]  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if any, giving so to the above cause (A) stating the independent of the death	3. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	AME	
SECURITY NO.    SECURITY NO.   DRENCE GOLDMAN WHITE HOUSE WASH D.C.   INTERVAL BETWEEN ONSET AND DEATH   SINGERSE OR CONDITION DIRECTLY CAUSES   DUE TO DU	MAURICE GOLDMAN		CAROLINE B	UCKENHEIM	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen the mode of dying, e.g., real foliations which caused death, and the disease, night of complication which caused death, and the door cause (A) stating the (C)  DISEASE OR CONDITIONS, if any, giving so to the obove cause (A) stating the (C)  DISEASES OR CONDITIONS, if any, giving so to the obove cause (A) stating the (C)  DISEASES OR CONDITIONS (A)  SEASES OR CONDITIONS, if any, giving so to the obove cause (A) stating the (C)  DISEASE OR CONDITIONS (A)  SEASES OR CONDITIONS (A)  ANTECEDENT CAUSES  DUE TO  DUE TO  DISEASE OR CONDITIONS (A)  ANTECEDENT CAUSE (A)  STATING CONDITIONS (A)  III  DISTANCE CONDITIONS (A)  SEASES OR CONDITIONS (A)  III  DISTANCE CONDITIONS (A)  SEASES OR CONDITIONS (A)  S	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)		INFORMANT		ADDRESS
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not mean the mode of dring, e.g., earl folius, asthemic, etc. I means the disease, niury at complication which caused death.)  ANTECEDENT CAUSES  DUE TO  ANTECEDENT CAUSES  ON CONDITIONS, if any, giving so to the above cause (A) stoling the INDERLYING CONDITION last.  DISEASE OR CONDITION CONDITION Stoling the INDERLYING CONDITION CONDITION CONDITION STOLENGED  ON THE DEATH BUT NOT RELATED TO THE DATA OF OFFICIAL PROPERTY OF THE CONDITION CONDITION CONSIDERED  ON THE DEATH BUT NOT RELATED TO THE  ON THE DEATH BUT NOT RELATE			R ERIC GOLDI	THE WAR	e House WASH D.
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not mean the mode of dying, e.g., earl failure, eathering, etc. it means the disease, injury of camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving see to the above cause (A) stating the INDERLYING CONDITIONS CONTRIBUTING ON DITIONS CONTRIBUTING CONDITION tost.  DISTANCE OF OPERATION 198 CONDITIONS CONTRIBUTING ON DITIONS CONTRIBUTING ON DITIONS CONTRIBUTING ON DITIONS CONTRIBUTING ON DITIONS CONDITION CONTRIBUTING CONDITION CONDITION FOR WHICH OPERATION 198 CONDITION CAUSING IT.  DALACCIDENT WAS UNDERLYING   Also CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION CAUSES OF DEATH?  DALACCIDENT WAS UNDERLYING   Also CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION CAUSES OF DEATH?  DALACCIDENT WAS UNDERLYING   Also CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION CAUSES OF DEATH?  DALACCIDENT WAS UNDERLYING   Also CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION CAUSES OF DEATH?  DALACCIDENT WAS UNDERLYING   Also CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION COURT.  DALACCIDENT WAS UNDERLYING   ALSO CONSIDERED IN CERTIFIATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIATION 20A. AUTOPSY? (Yes or No) 208. IF YES,	18. 7 6 C X I			/	INTERVAL BETWEEN
This does not mean the made of dying, e.g., and foliuse, esthemic, etc. It means the disease, nearl failure, esthemic, etc. It means the disease, nearly failure and failure, esthemic, etc. It means the disease, nearly failure and failure, esthemical to the failure and failure and failure, esthemical to the failure and failure a		6.1	1-1-11		2//
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DUE TO  ANTECEDENT CAUSES  OSEASES OR CONDITIONS, if any, giving so to the above cause (A) stating the INDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SCONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE DEATH HORSE OR CONDITION CAUSING TO THE DEATH HORSE OR CONDITION FOR WHICH OPERATION  I.A. ACCIDENT WAS UNDERLYING AUSES OF DEATH?  I.A. ACCIDENT WAS UNDERLYING HORSE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  I.A. ACCIDENT WAS UNDERLYING HORSE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  I.A. ACCIDENT WAS UNDERLYING HORSE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  I.A. ACCIDENT WAS UNDERLYING HORSE OF DEATH?  I.A. ACCIDENT WAS		(A) MI	narrou pr	LUMBUM	1 sqayes
ANTECEDENT CAUSES  (B) DUE TO	heart failure, asthenia, etc. It means the disease,	16	7:06		20/
DISEASES OR CONDITIONS, if any, giving se to the above cause (A) stating the (C)    1		(B)	rabell	* ************************************	20 yrs
INDERLYING CONDITION lost.    Contributions	DISEASES OR CONDITIONS, if any, giving	DUE 10	100117		11
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE  PA-DATE OF OPERATION CAUSING IT,  PA-DATE OF OPERATION CAUSING IT,  PA-DATE OF OPERATION CAUSEOF  PA-DATE OF OPERATION CAUSEOF  PA-DATE OF OPERATION CAUSE OF CONTRIBUTING CAUSES OF DEATH?  PA-DATE OF OPERATION CAUSEOF  PA-DATE	uise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	SCUD	*****************	
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  120. ADATE OF OPERATION  120. AUTOPSY? (Yes or No)  120. IF YES, WERE FINDINGS CONSIDERED  WAS PERFORMED  121. ACCIDENT WAS UNDERLYING  REATH (noify was underly localise of peath)  121. ACCIDENT WAS UNDERLYING  REATH (noify medicol exomine)  121. PLACE OF INJURY (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  121. ACCIDENT WAS UNDERLYING  REATH (noify medicol exomine)  121. PLACE OF INJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR?  EATH (noify medicol exomine)  121. Not While At Work  121. Not While At Work  122. I certify that (this hospital) attended the deceased fram At Work  123. AVENUAL AND					
DISEASE OR CONDITION CAUSING IT.  PA-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  EATH (notify medical examiner)    D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11.1.2			
A. ACCIDENT WAS UNDERLYING   CAUSE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., inJURY OCCUR?   CONTRIBUTING   CAUSE OF EATH (notify medical examiner)   Control of the medical examiner   City, give exact location)   Control of the medical examiner   City, give exact location)   Control of the medical examiner   City, give exact location)   Control of the medical examiner   City, give exact location)   Control of the medical examiner   City, give exact location)   Control of the medical examiner   City, give exact location)   Control of the medical examiner   City, give exact location)   Control of the medical examiner   City, give exact location)   City of the medical examiner   City, give exact location)   City of the medical examiner   City, give exact location)   City of the medical examiner   City, give exact location)   City of the medical examiner   City, give exact location)   City of the medical examiner   City, give exact location)   City of the medical examiner   City of the medical exami	DISEASE OR CONDITION CAUSING IT,		IAAA		
EATH (notify medical examiner)    D. Time (Month) (Doy) (Year) (Haur)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?		HICH OPERATION	AUTOPSY? (Tes of N	IN CERTIFYING CA	USES OF DEATH?
EATH (notify medical examiner)    D. Time (Month) (Doy) (Year) (Haur)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	U 21A. ACCIDENT WAS UNDERLYING 21B. PI	LACE OF INJURY (e.g., in or	about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
While At Work Not While Not Work Not While Not Work Not W	▼ DEATH (notify medical examinet) etc.)	, form, foctory, street, office	bldg., INJURY OCCUR?		
While At Work  2. I certify that (the (this hospital) attended the deceased fram 3/3/65 19 to 3/3/65 19  10. It (the (this hospital) attended the deceased fram 3/3/65 19 ond that in (my) (the ord) apinion death occurred on the date of the deceased from the courses stated efform. (I) (the ord) attending the courses stated efform. (I) (the ord) attending the deceased fram 3/3/65 19  10. Attending the course stated efform. (I) (the ord) attending the deceased fram 3/3/65 19  11. Attending the deceased fram 3/3/65 19  12. I certify that (this hospital) attended the deceased fram 3/3/65 19  13. I do so that in (my) (the ord) apinion death occurred on the date of the ord) attending the deceased fram 3/3/65 19  14. Attending the ord of the ord	OF IN LIERY (Month) (Doy) (Year) (Hour) 21E. II	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2. I certify that (\$\pmu(\text{this hospital})\) attended the deceased fram 3/3/65 19 to 3/3/65 19  not (\$\pmu(\text{we})\) lost saw the deceased alive on 1/055 PM 3/13/6519 ond that in(my) (sor) opinion death occurred on the date and hour and from the causes stated above. (I) (\$\pmu(\text{we})\) (did) (did not) view the body after death.  A. SIGNATURE  M.D. Attending Med. Stoff Phys. 3/3/65  NAME (Type)  J. K. MEYER M.D. 530-A, N. BOND, BALTO.	₹ (ARRECY) While				
not (the (we) lost saw the deceosed alive on 1055 pm 3/13/6519 ond that in (my) (cor) opinion death occurred on the date and hour and from the courses stated above. (I) (the (did) (did not) view the body after death.  A. SIGNATURE  M.D. Attending Med. Director Stoff Phys.  3/13/65  3/13/65  A. D. BOND, BALTO,			3/3/65	19 10	3/13/65 10
A. SIGNATURE  M.D. Attending Med. Director Phys. 3/3/65  CC. PHYSICIAN'S NAME (Type)  J. K. MEYER M.D. 530-A. N. BOND, BALTO.			519 ond 1		nion death occurred on the dat
A. SIGNATURE  M.D. Attending Med. Stoff Phys. 3/13/65  CC. PHYSICKAN'S NAME (Type)  J. K. MEYER M.D. 530-A. N. BOND, BALTO.		/ /			Searing out the dol
CC. PHYSICIAN'S NAME (Type) J. K. MEYER M.D. 530-A. N. BOND, BALTO.	23A. SIGNATURE		222, 31101 230111		23R DATE SIGNED
OC. PHYSICIAN'S J. K. MEYER M.D. 530-A. N. BOND, BALTO.	OK. IIIMIK	M.D. Attending	Med.		3/13/65
J. KI NEYER M.D. 530-A. N. DOND, DALTO.	23C. PHYSICIAN'S			11	7
TURIAL CREMATION 1248, DATE 124C NAME of CEMETERY OF CREMATORY 124D LOCATION (City Inches)	J. K. NEYE	R M.D.	530-A.	N. BONZ	BALTO.
PRACOVAL (Specific) (Street, County) (Store)	24A. BURIAL CREMATION, 24B. DATE 24C. NAN	ME of CEMETERY OF CREMA	JORY 24D,	LOCATION (Ci	ty, town, or county) (State)
Burel 3/17/65 Orlington Vational aller	Burel 3/17/65 (h	lington Val	Tionel a	Quela	1/2
		BEGISTRAR	25C FUNERAL DIRECTO	R	ADDRESS and
MAR 16 1965 Proberts E stapley of Decisas Son 3319 Olympu	MAR 1 0 1965 Plabert	E Stanbaumin	Sylpon &	2 Levists	on 3319 Olympa



BALTIMORE CITY HEALTH DEPARTMENT



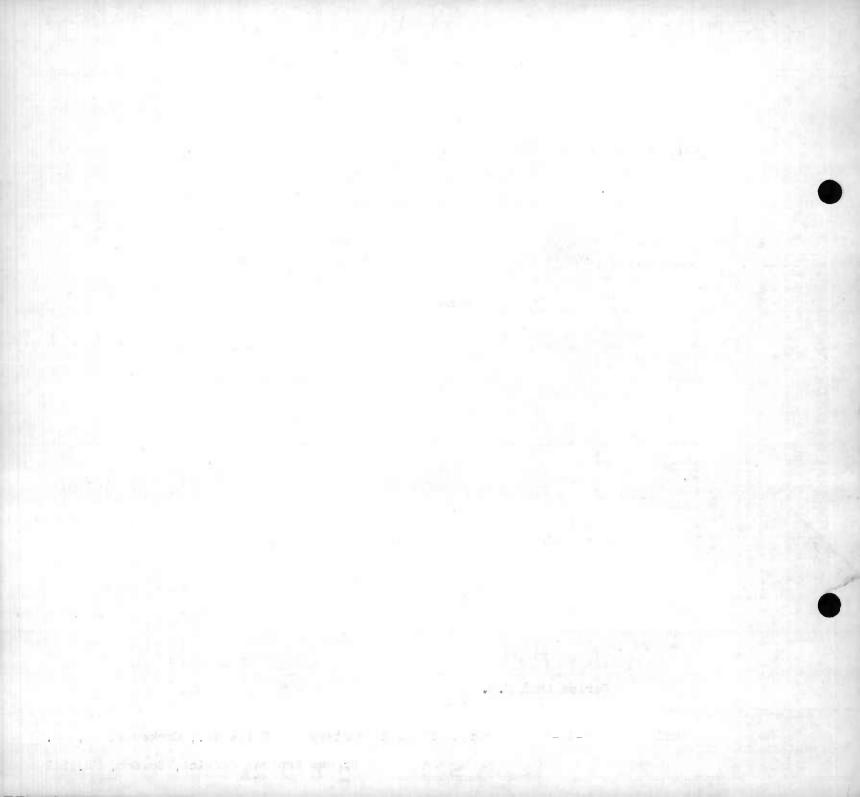
	f 1/ Waster		BALTIMORE CITY				65 275
	th No. 65 2796		CERTIFICA	TE OF	DEATH	Registered No	
1, N	LANGE OF DECEASED	SITH	comas Hugh			HOUR OF DEATH	5
3. F	PLACE OF DEATH IN BALTIMORE, MAR			4. USUAL RESIDENCE (Where decoased lived. If institution: residence before of A. STATE B. COUNTY  Mayland. Baltimore			
- 1	FULL NAME OF (If not in hospital of oddress or location INSTITUTION			C. CITY	OR TOWN (If outs	side city limits, write l	RURAL and give township)
	Maryland Gen	neral	Hosp.	D. STREET	ADDRESS (If r	Cockeysville	e 33-00
5. \$		7. MARRIED	D, NEVER MARRIED D, DIVORCED (specily)	B. DATE O	D. Box 174	AGE (In years ast birthday)	If Under 1 Yr. , If Und Manths Days Hours
	Male while Usual Occupation (Give kind of work		Widowed		2011076	68 XXXX	12. CITIZEN OF WHAT COUNTRY?
	Return Conductor	Rai	lroad		enluck		WHAT COUNTRY?
13.	Hugh Hicks				izabeth A.		
15. You	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or date:	es? s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFOR		0.1411	ADDRESS
	Yes WW I		705-10-9406		Dorothy H.	Concannon	ABOVE
	DISEASE OR CONDITION DIR	ECTLY	CAUSE	F DEATH		1	ONSET AND D
	LEADING TO DEATH		(A) C6	mar	y occhu	aion	taers
	(This does not mean the made of heart failure, asthenia, etc. It means injury ar complication which coused	the disease	, DUE TO		0 1	1	
	ANTECEDENT CAUSES	- www.mist	(B) UE TO	rtono	sclenatic	candio vo	is
	DISEASES OR CONDITIONS, if o		DOE 10		disease		
	rise Ia lhe above cause (A) UNDERLYING CONDITION last.	siding the	(C)		*****************************	**************************************	
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 11	TED TO TH	IG HE				
CERTIFICA		DITION FOR	WHICH OPERATION	20 A. A	UTOPSY? (Yos or No)	20 B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
AL	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 har	B. PLACE OF INJURY (e.g., ime, farm, factory, stroet, a	n or obout 2 ffice bldg., I	1C. WHERE DID	(II in Boltimore	City, give exect locotion)
MEDIC	21D. TIME (Month) (Day) (Year) OF INJURY		E. INJURY OCCURRED		RIF. HOW DID INJU	IRY OCCUR?	5 10 10
	(APPROX)	W	hile At Not Whi ork At Work				
	22. I certify that (I) (this hospital)				-		_
	ond hour and from the couses state					Tin(my) (our) opi	nion deoth occurred an
	23A SIGNATURE			. Jan Tipe D	00 y 01101 0001111		23B. DATE SIGNED
	gralul 4. le	assa	M.D. Att			Stoff Phy s.	3-13-6
	23C. PHYSICIAN'S NAME (Type)		M.D.	23D. ADDR	Mary lo	und Gener	al Hosp.
24A	A. BURIAL CREMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LO	CATION (Ci	ty, tawn, ar county)
	Burial 3-16-65	Je	ssop Methodis			arks, Md.	
25 A	MAR 1 6 1965	Don E	OF REGISTRAR WHA		ooks Funera	al Service.	Towson, Md. 2
	MIMIL T 0 1200	ard A len	1 6 0 0	0 0	0 0		,

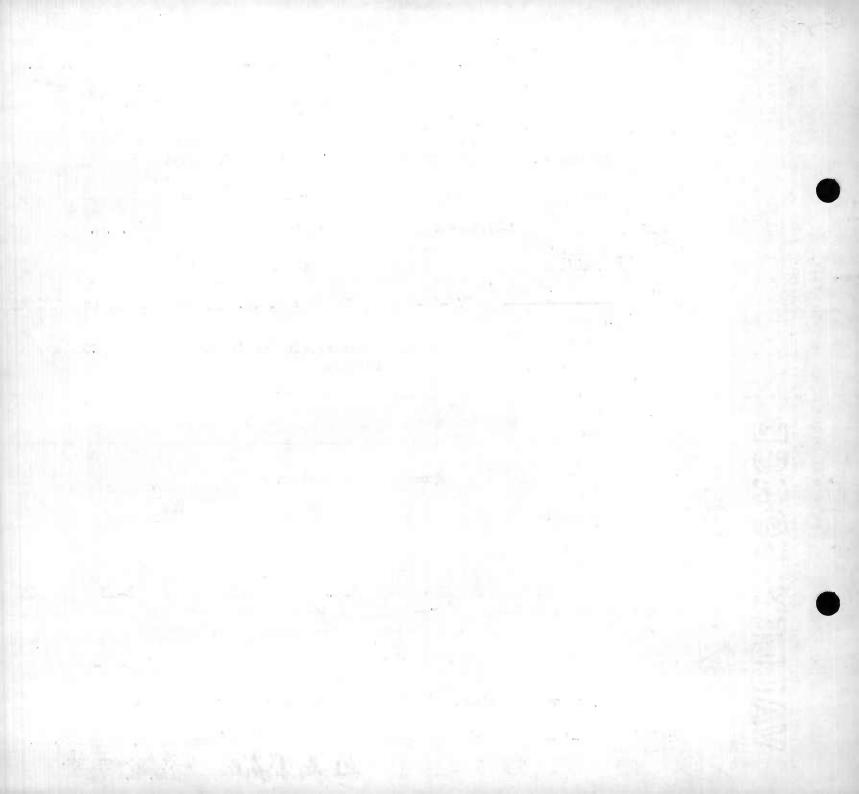
Acres march water 16. 11. 16. 16. 16. 16. Valuation of the sale of the s Marine of Warrel

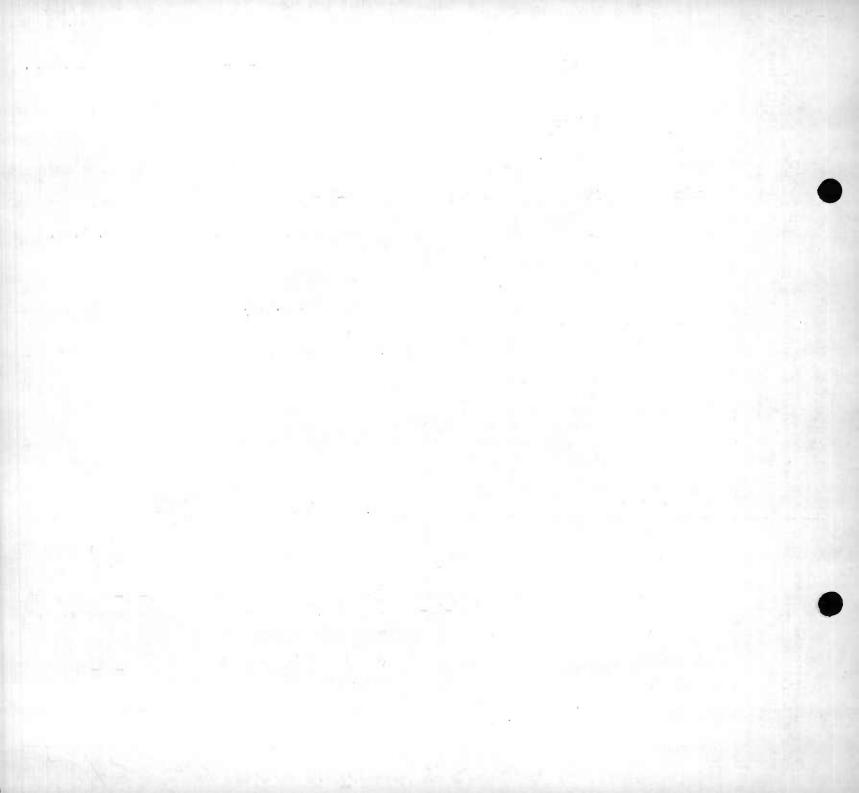
IMPORTANT

**DIRECTOR:** 

FUNERAL



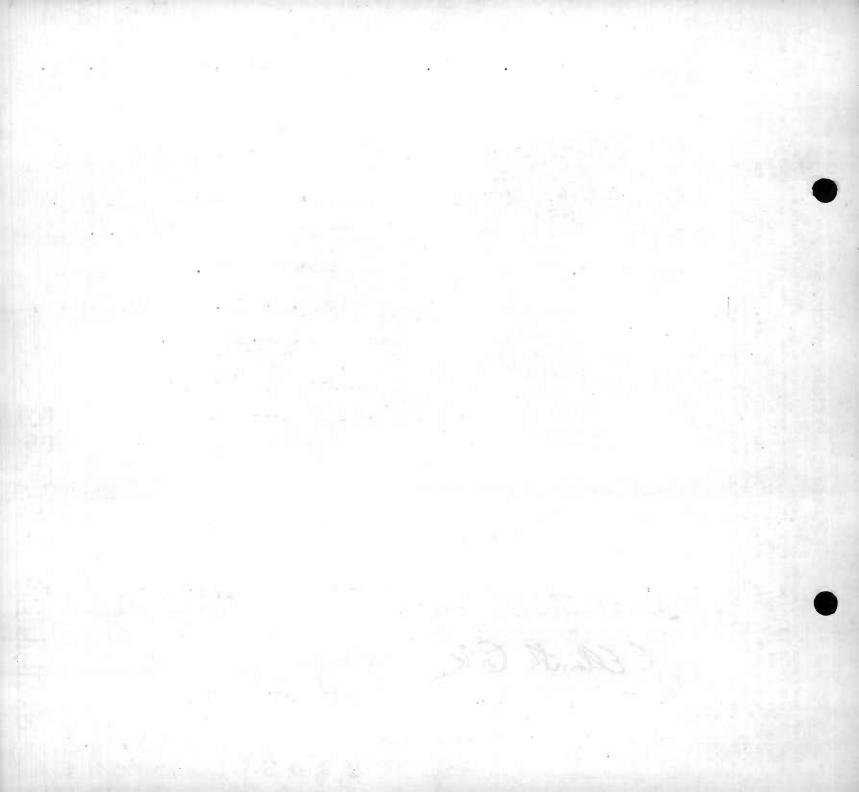




BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

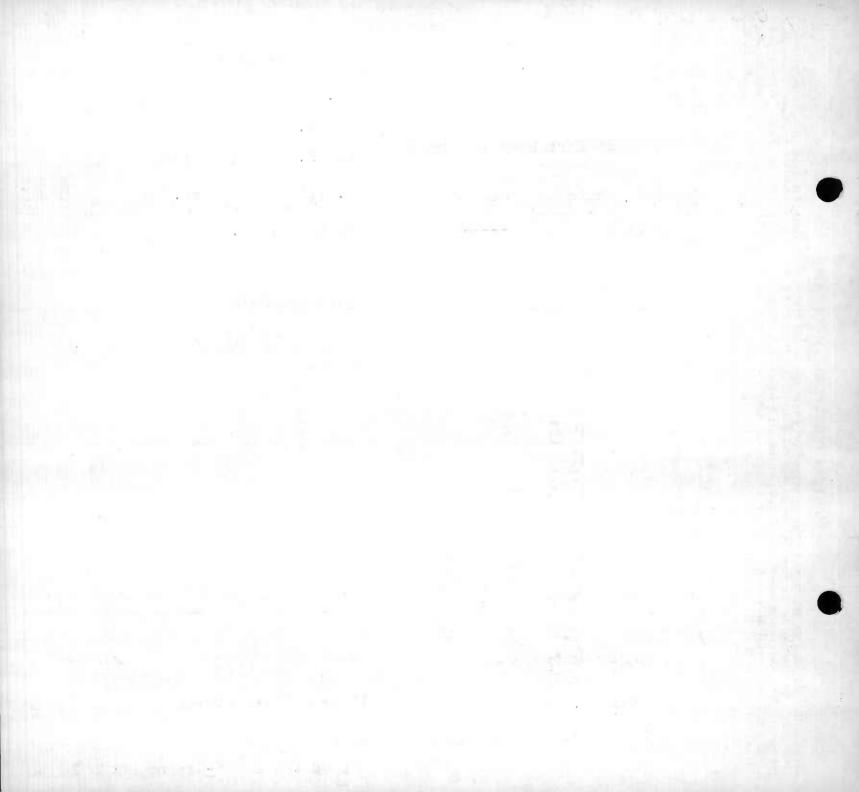


0 = 0 0 1	BALTIMORE CIT		
MRTH NO. 65 2801	CERTIFICA	TE OF DEATH X Registered No.	65 2801
M.E. CASE NO.		2. DATE AND HOUR OF DEAT	TH
Type or Print)  Fay Dean		March 14, 1965	11:45
B. PLACE OF DEATH IN BALTIMORE MARYLANT	2 1017	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admi
ERTIFICATIE CORRECTEU	4-2-65	A, STATE B. COUNTY	
FUCL NAME OF (If not in hospital or institution)  HOSPITAL OR oddress or location)	ution, give street	MARYLAND BALTIMORE	
INSTITUTION Baltimore Cit	tr Vocatela		e RURAL and give township)
		BALT IMORE	0070
4940 Eastern		D. STREET ADDRESS (If rurol, give location)	
	aryland #21224	1520 Leslie Road	
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours N
	Married	12-2-90 -73- 74	
OA. USUAL OCCUPATION (Give kind of work 108, KIP			12. CITIZEN OF
lone during mast of working life, even if retired)		B	WHAT COUNTRY?
Chipper Sh	nip Constr.	Pennsylvania	USA
		WALLEY MAINTH HAME	
William W. Dear	1	Sally Dixon	
5. Was Decoosed Ever in U. S. Armod Foicos? Yes, no or unknown] (If yos, give wer or dates of sei	Ivice) 16. SOCIAL	17. INFORMANT	ADDRESS
No No	166-14-4271	PECORDS BOW 1010 FORT	Arramina Haraa
18. 21 G 5 V 1		RECORDS-BCH-4940 Eastern	AVenue - #21224
TIOA	CAUSE	VI DEATH	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dn	eumonia	2 days
(This does not mean the mode of dying,			~ days
heart failure, astheria, etc. It means the dis	seose,		
injuly of complication which coused death.)			
ANTECEDENT CAUSES	DUE TO	**************************************	о <del>(1000 (100 (100 (100 (100 (100 (100 (1</del>
DISEASES OR CONDITIONS, if ony,	giving		
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Letter from B.C.H. 4-2-65 M.H.

		TY HEALTH DEPARTMENT	9909
	H NO. 65 2802 CERTIFIC	ATE OF DEATH Registered No. 65	2002
Typ	AME OF DECEASED PROF. Ada B. RIES	2. DATE AND HOUR OF DEATH	730
F	FULL NAME OF (If not in hospital or institution, give street address or location)	4. USUAL RESIDENCE (Where deceosed lived. If institution: resid A. STATE B. COUNTY  M.D.  C. CITY OR TOWN (If outside city limits, write RURAL ond gi	-04
1	MARYLAND GENERAL HOSPITAL	BALTIMORE  D. STREET ADDRESS (If rurol, give location)	The fownship)
5. \$	EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years   If Under 1   Months; Do	Yr. If Under 24
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST adving most of working life, even if refired)	TY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN	
12	FATHERS NAME	MARYLAND US	A
-	LEIS KEINHARDT	EMMA HARRISON	
Yes	Wos Deceosed Ever in U. S. Armed Forces?  ,,no or unknown) (If yes, give wor or dotes of service)  NO  16. SOCIAL SECURITY NO.	Hospital Admission Theets (	by patie
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	biovascula docease  (Cerebral Thiombonis + for E  Interiorlerotie Heart Dis	mboty,
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION tost.	rabeles Mellitis.	Nyn
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEA	NSIDERED
AL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	xoct locotion)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not Work At Wo		
	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an	5 19 65 and that in(my) (our) apinian death of	occurred an the
	price of acce	ttending Med. Stoff Phys. Stoff	igned ch/5/19
1	PIEVA G. VALLE M.I	23D. Address General &	Pospital
	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMOVAL (Specify) 3/8/6 - 24C. NAME of CEMETERY of CREMOVAL (Specify) 3/8/6 - 24C. NAME of CEMETERY of CREMOVAL (Specify) 24B. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	REMATORY 24D. LOCATION (City, lown, or co	ADDRESS (SI
/5	MAR 16 1965 (2.206 25 Talkey)	DAC Cally V39 fatops	es au
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2-	the hospital by a medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such and (6) No physician was in regular attendance on the deceased prior to death. Such and cobtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to death); and before the remains are embalmed or final disposition is made.

3. PI	e or Print)	ONDY) ATH IN BALTIMORE, MAI	RYLAND	nd Slaght		/12/65 here deceased lived. If i	institution: residence before admissi
F	ULL NAME O	F (If not in hospital a		on, give street	A. STATE B. COI		RUNAL and give township)
1	a The	ion Hospi	tul	of neighborst.	Boltime	(If rurol, give locotion)	)
			- 0		1308 Me	rollounille	RI
5. SI	EX	6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	3/12/65	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hours Min
		UPATION (Give kind of work working life, even it retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign county)	12. CITIZEN OF WHAT COUNTRY?
3. F	ATHER'S NA	ME			14. MOTHERS MAIDEN N	AME	200
5. V Yes,	LARE/ Vos Deceosed ,no or unknown	NCE Ever in U. S. Armed Force Ill yes, give wor or dote:	LA ces?	GHT  16. SOCIAL SECURITY NO.	PHYLLIS 17. INFORMANT /S	CUMMI	HGHAM ADDRESS
		-			CLARENCE	SLAGHT 1	308 MEADOWVILLE
		osthenio, etc. It meons				11 . 17	
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MEDICAL CERTIFICATIO	DISEASES (crise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. 1 certify that (1) (we) and hour and	OR CONDITIONS, if e obove couse (A) e obove couse (A) G CONDITION last.  IFICANT CONDITIONS COMEAN TO THE CONDITION CAUSING I FOR CONDITION CAUSE OF MEDICAL CAUSE OF	ONTRIBU ONTRIBU ONTRIBU ONTRIBU ONTRIBU ONTRIBU (Hour)	TING THE  DR WHICH OPERATION  218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E. INJURY OCCURRED  While At Not While At Work  and the deceased fram	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID I	No) 20B. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	AUSES OF DEATH?  ore City, give exact location)
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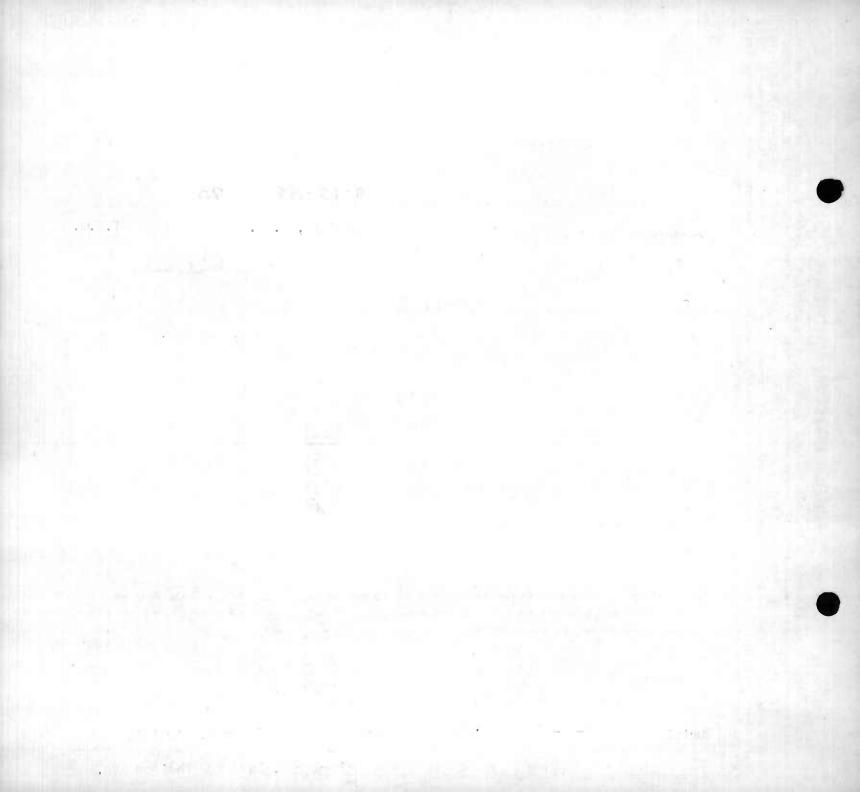
			BALTIMORE CITY	HEALTH DEPARTMENT		65 900
BIRTH NO.	65 2805		CERTIFICA	TE OF DEATH	Registered Na.	65 2805
M.E. CASE I	NO. DECEASED			DATE	AND HOUR OF DEATH	
(Type or Print	LLEN, HOWARD M.			2. 50.1		
3. PLACE O	F DEATH IN BALTIMORE MAR	YLAND		14. USUAL RESIDENCE (V	3/11/65	institution: residence before odmission)
CERTA	FICATE CORREC	r institution, g	3-18-65	New Jersey	YTNUC	V-27
HOSPITAL	ON			C. CITY OR TOWN	outside city limits, write	RURAL ond give township)
	cans Administrati Loch Raven Blvd.		oital	New Gretna  D. STREET ADDRESS	(If rural, give location)	
	more, Md. 21218	10.11		None		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	Sing		1/17/87	78	12. CITIZEN OF
	ost of working lile, even if retired)	IVE, KIND OF	BOSINESS OK INDOSIKI	11. BIRTHTEACE (SIDE OF	lotergii cootiity)	WHAT COUNTRY?
Oyste		Oyster	Business	New Gretna,	New Jersey	USA
Edward	Allen			Margaret Gera	aw	
15. Wos Dec	eased Ever in U. S. Armed Forc	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS ,
Yes	2/23/18 to 6		None	VA Hospital,	Baltimore, Mc	1. 21218
18. 17	7 X I	, , , ,	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
D	SEASE OR CONDITION DIRE	ECTLY	Adend	carcinoma of	the Prostate	2 Years
(This d	aes nat mean the mode of	dvina. e.a.	(A) AUGITO	carcinoma of the Metastases	wie 1105 oa oe	~ Tealp
heart fa	ilure, asthenia, etc. II means	the disease,	DOL 10 MT	. WI THE UND UNDED		
injury a	r camplication which caused	death.)		645		
	ANTECEDENT CAUSES		DUE TO			
	ES OR CONDITIONS, if a					
	the abave cause (A)	slaling the	(C)			
			Chmonia Prol	ananhari tila		O Vocas
Z OTHER	SIGNIFICANT CONDITIONS CO	NITIIRITIA	Chronic Pyel			2 Years
= 10 11	SIGNIFICANT CONDITIONS CO	IED IO IN	Gerebral Art	certoscrerosis		1 Year
	TE OF OPERATION THE CONTRACTOR TO THE OF OPERATION 198, CONT		VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES WERE	FINDINGS CONSIDERED
DI 19A. DA	WAS PERF		VIIICII OTEKATION		IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A, AC	CIDENT WAS UNDERLYING	21R	PLACE OF INTERVIEW	NO	(If in Boltima	re City, give exect location)
A DEATH	ITRIBUTING CAUSE OF	hom etc.)	e, form, foctory, street, o	n or obout 21C. WHERE DIE ffice bldg., INJURY OCCUR	?	any, give exoct toconom
Ο 21 D. TIM		(Haur) 215	INJURY OCCURRED	21E HOW DID	INTIDA OCCUBS	
S OF INJU	JRY		In At Not While		INJURY OCCUR?	
(APPRO)	(,)	Wor				5
22. I ce	ertify that (1) (this hospital)	attended th	ne deceased from	3/2/1	19 64 10 3/1	3/65 19
	(we) last saw the deceased		3/71.			pinian death occurred an the date
,			11111			mon death occurred on the date
	ur and fram the causes state	ed abave. (/	)(We)(did)(/dj/d/ŋ6ţ/)\	riew the bady after dec	th.	
23A. SIG	NATURE WAS A DWIN	way.			. "	23B. DATE SIGNED
RA	LPH H. TWINING	X	M.D. Atte	ending Med. Director	Staff Phys.	3/11/65
23 C. PHY	SICIANS	0		23D. ADDRESS		
NA.	ME (Type)		M.D.	Waterman Add .		meddal Delta Ma
24A, BURIAL	CREMATION, 24B. DATE	240 N 4	ME of CEMETERY of CR			Spital, Balto, Md.
	VAL (Specify)	M4 1	Ller Cemetery	246	New Gretns	
Buri		5 G#5	Ller Cemetery	tery	ruckerton,	Hew Jersey.
25A. DATE	4 0 1000	25B. NAME C	F REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
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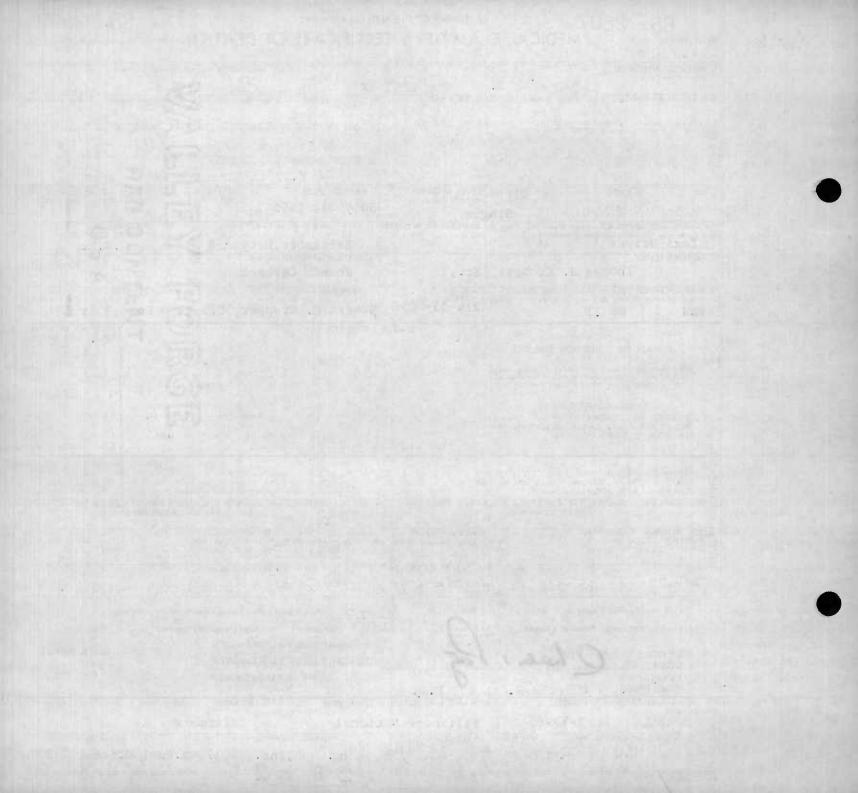
Letter from out-of-state Funeral Director Wood Funeral Home, Tuckerton, N.J. 3-18-65 M.H. IMPORTAN

DIRECTOR:

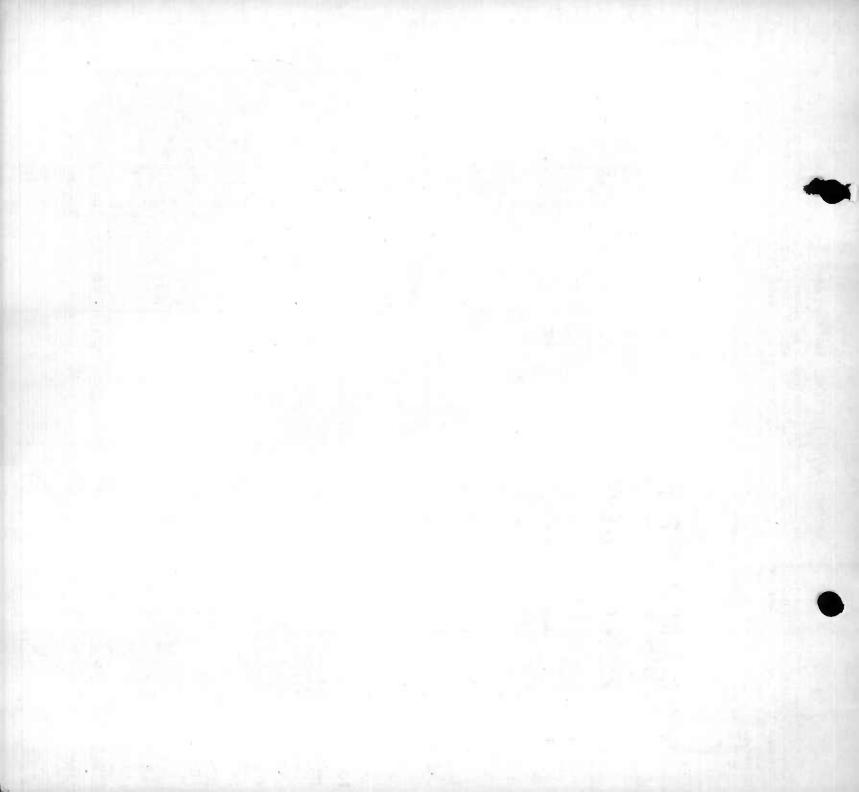
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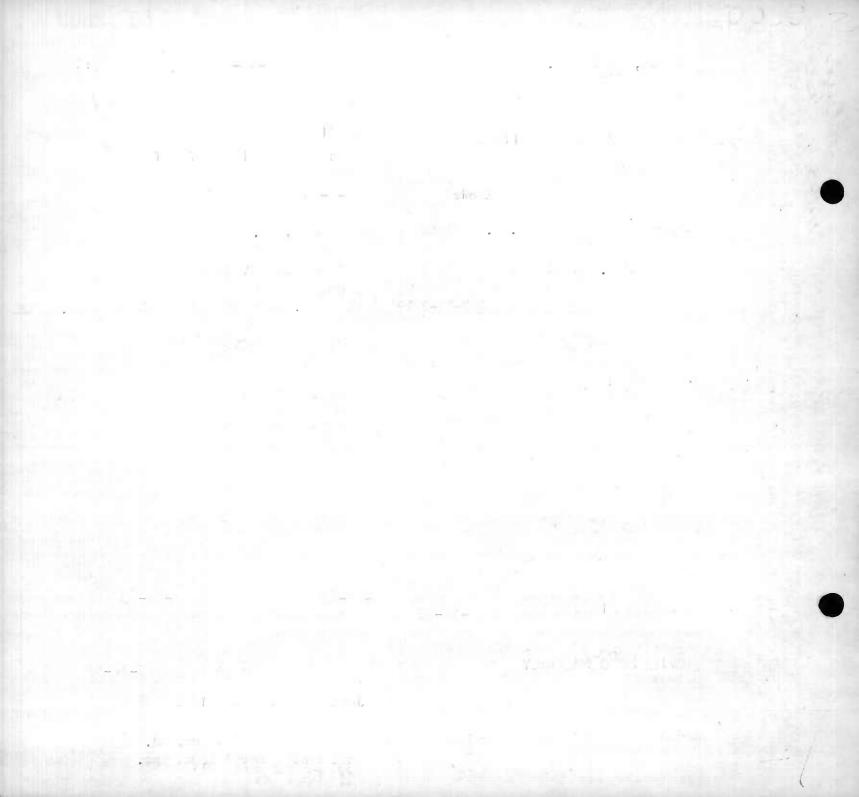
6	55 2807		BALTIMORE CITY HEAL	TH DEPARTMEN	Г		65	2807
BIRTH NO.	MED	ICAL EX	KAMINER'S CI	ERTIFICAT	E OF	DEATH Registe		
M.E. CASE								
1. NAME O	F DECEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
(Type or Prin	THOMAS	J.	CROPPER,	Jr	Marc	h 14, 1965		1:45 A M
3. PLACE IN	BALTIMORE, MARYLAND, V			4. USUAL RESIDE	NCE (Where	deceased lived. If inst	titution: residence	e before admissian
				A. STATE Mary	land	B. COL	YNTY	
HOSPITAL C	E OF (IF NOT IN HOSPI' OR ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET			e corporate limits, write	RURAL ond	give tawaship)
NOITUTITZNI				Ball 1	imore		12-	0 60
1	lercy Hospital			D. STREET ADDR		give location)		9
-	icity nospital					Street		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 )	Yr. If Under 24 Hrs
	771 16	WIDO WED,	DIVORCED (specify)	July 24,		last birthday)		s Haurs Min.
Male		Sin				59		
dane during m	OCCUPATION (Give kind of wo	TRIOS, KIND O	F BUSINESS OR INDUSTRY	II. BIRTHPLACE IS	tote or toreig	n country)	12. CITIZEN C	OUNTRY?
	Driver			Baltim			U.S	
13. FATHER'S		2	0	14. MOTHER'S MA				
	Thomas J. (	ropper,	Sr.,	Jennie	Carba	en		
	CEASED EVER IN U.S. ARME		16. SOCIAL	17. INFORMANT			ADDRESS	
YES	WW II	les of service/	214-03-0056	Edward C.	Croppe	er,3075 Bero	Road B	alrimore 3
1B.	0 22		CALLCE	OF DEATH		,,,,,,		TERVAL BETWEEN
2	8/6,41		CAUSE	OF DEATH				SET AND DEATH
1	DISEASE OR CONDITION D	PIRECTLY		1				
(This			(A) Multip	le Traumat	tic Inj	uries.		
heort	daes not mean the made of foilute, osthenio, etc. It mean or complication which caused	deoth.)	DOE 10					
Dice	ANTECENDENT CAUS		(B)					
RISE	ASES OR CONDITIONS, IF TO THE ABOVE CAUSE (A)	STATING THE	DUE TO					
	ERLYING CONDITION LAST.		(C)					
Ó		WE S. L.	\ \ \ \ /******************************			***************************************		***************************************
₹ OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTI	NG					
E TO	THE DEATH BUT NOT R	ELATED TO 1						
-	ASE OR CONDITION CAUSIN TE OF OPERATION 1198, CO		WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, WERE FI	NDINGS CON	SIDERED
Ö		RFORMED				IN CERTIFYING CAU		4?
₹ 21 A. EX	TERNAL CAUSE WAS	21 R	PLACE OF INJURY (e.g.,	Yes	HERE DID	(If in Boltimore City of	ive exact locati	Yes
UNDERL	YINGXOR CONTRIB-	home etc.)	e, form, tactary, street, a	thice bidg. INJURY	OCCUR?			0 -0 0
T			Street			Ensor Stree	ts /	1 00
OF INJU		or) (Hour) 2	TE. INJURY OCCURRED	21 F. HO	M DID INT	JRY OCCUR?		
(APPRO)		5 A m.	WHILE AT X NOT W	ORK Tax:	i drive	er in auto-a	uto acc	ident.
22.								
	I certify that I held an		<u> </u>	apsy X and	that an thi	is basis, death in r	my apinlan	
	resulted from: Natural co	ouses	Accident X Suicide	Hamicid	le l	Indetermined mann	er	
			1/_			AMINER	-	DATE SIGNED
	SNATURE Ch	ales I	Telly un	ASSISTANT ME	DICAL EX	AMINER 🖾		
	AMINER'S		/	ASSOCIATE ME				3/14/65
		es S. Pe	etty, M.D.					
	L CREMATION, 238, DATE		C. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	, tawn, or count	ty) (Stote)
BUI	RIAL 3-17	-65	Baltimore Na	tional		Baltimore		
24A. DATE	REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	L DIRECTOR		ADD	RESS
	MAR 1 6 1965	- A -	F. E. Jalber M.A.	Wm . Coc	k. Inc.	, 1217 St.P.	aul Stre	eet, 21202
	MILIT TO 1900	nacion	1 10 5	0 0	1 0	, 121, 0011		
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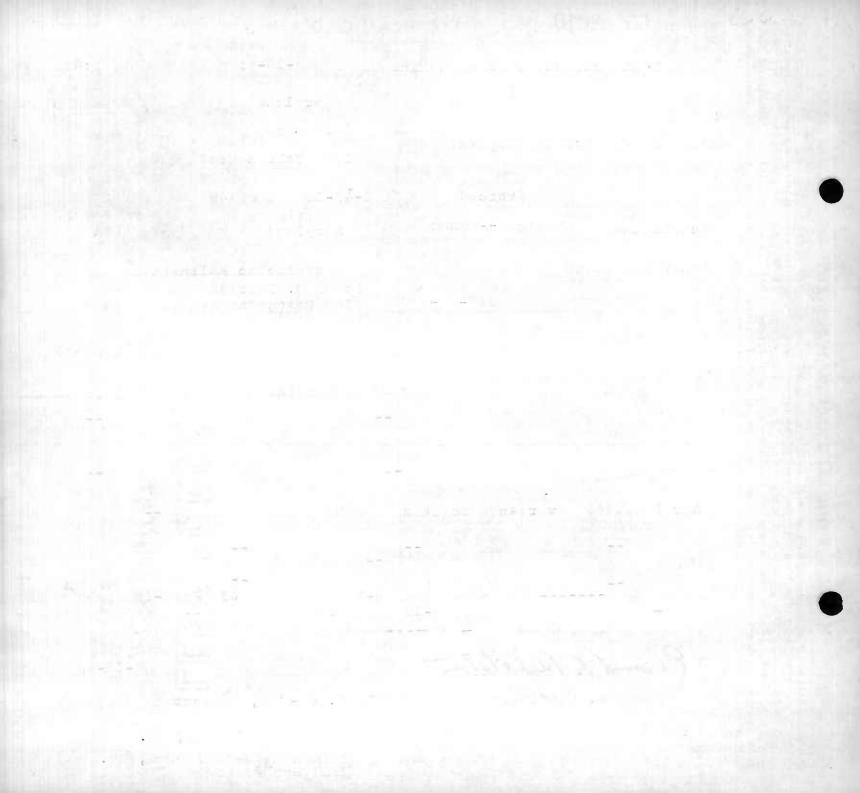
(T	.E. CASE NO. NAME OF DEC ype or Print)	Marie A				3-13-6		19 a.
00	FULL NAME OF DESTRUCTION	OF (If not in hospital oddress or lecetion 6107 Marle Baltimore)	or institution,		C. CITY OR TON Baltime D. STREET ADD	B. COUNTY  and  VN (If outside)  PRESS (If rur	0	RURAL ond give tewns
0	sex Female	6. RACE White	7. MARRIED,	NEVER MARRIED D, DIYORCED (specily)	6-12-8	H 9.	AGE (In yeers thirthdey)	If Under 1 Yr. If Months Doys Heu
de de	A. USUAL OCC no during most of Seamstr	UPATION (Give kind of wer working lile, even if refired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	11112-	12. CITIZEN OF WHAT COUNTR
13	FATHER'S NA	Frank Vales			14. MOTHERS MAIDEN NAME Marie Base			
1.5 (Y	. Wes Deceased es, no er unknown No	Ever in U.S. Armed Fo	rces? as ef service)	16. SOCIAL SECURITY NO. 217 26 5733	17. INFORMANT	L. Roppe	Lt 6107 M	arlora Rd.
iins are emba	DISEASES (	osthenio, etc. II meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	d deoth.) ony, giving	(B) DUE TO				
remains	TO THE D	IFICANT CONDITIONS (DEATH BUT NOT RELICONDITION CAUSING	ATED TO TH	E				
	1 70		IDITION FOR	WHICH OPERATION	20 A. AUTOPS	(Yes er Ne)	208. IF YES, WERE	FINDINGS CONSIDERE AUSES OF DEATH?
efore the	21A. ACCIDE OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medicel exeminer)		PLACE OF WIJURYTES, in	or about 21 C. WI			ore City, give exact lece
ined before the	21A. ACCIDE OR CONTRIBU	WAS PER	21 B herr etc.	INJURY OCCURRED  ile At Net While the Net West	21F. HC	HERE DID OCCUR?	(II in Beltimo	
proval must be obtained before the	21A. ACCIDE OR CONTRIBI DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	WAS PER  NT WAS UNDERLYING  UTING CAUSE OF  medicel exeminer)  (Menth) (Dey) (Year)  that (I) (this hospito ) lost sow the deceose d from the couses sto	(Hour) 21E, Wh. We add olive on	INJURY OCCURRED  ile At Net While At West  he discessed from	19 iew the body of San Address	DW DID INJUR  19  ond that fter death.	II in Beltimo	



-	°S'CHÜCH	, ADOLPH	F.			3-12-	65	9:12
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion)					4. USUAL RESIDENCE (Where deceased lived, If institution; residence before of A. STATE  B. COUNTY  MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
6	THE JOH	NS HOPKKN	S HOSPI	TAL	BALTIMO D. STREET ADDI	RE RESS (If rural	give location)	
5.	M	6. RACE	WIDO	TED, NEVER MARRIED WED, DIVORCED (specify) Widowed	8. DATE OF BIRT	tost	GE (In years birthday)	If Under 1 Yr. Hours
dor C]	eduring most of	working life, even if re	etired)	of Business or industr F. Lukitis	Baltimor	e, Md.	ountry)	12. CITIZEN OF WHAT COUNTRY
	ADOL	PH P. SCH	IUCH	1 6. SOCIAL	FLORE	NCE NEW	BERGER	ADDRESS
(Ye	18.	(If yes, give wor	ed rorces: or dotes of service	security Nd. 217-14-2019				arble Hall Rd
	heort foilure, injury or con  DISEASES (	not meon the mo osthenio, etc. It is upplication which c ANTECEDENT CA DR CONDITIONS e obove couse G CONDITION to	meons the disections of the disection of	(B) DUE TO	Coronau			
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ATION	TO THE D	III IFICANT CONDITION EATH BUT NOT CONDITION CAU	RELATED TO SING IT.	THE				
ERTIFIC	TO THE D DISEASE OR 19A. DATE OF	FOREATION 198	RELATED TO SING IT. CONDITION FO AS PERFORMED	OR WHICH OPERATION	N	0		E FINDINGS CONSIDERED
CAL CERTIFIC	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL	IFICANT CONDITIC EATH BUT NOT CONDITION CAU  OPERATION 198 WA  NT WAS UNDERLY UTING CAUSE C  medicol exominer)	RELATED TO SING IT. CONDITION FOR SEPERFORMED	THE	, in or obout 21 C. WI office bldg., INJURY	O HERE DID OCCUR?	(If in Boltima	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	TO THE D DISEASE OR 19A-DATE OF OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.)	IFICANT CONDITION CAU CONDITION CAU CONDITION CAU FOPERATION 198 WA NT WAS UNDERLY UTING CAUSE Comedical examines) (Month) (Day)	RELATED TO SING IT. CONDITION F( S PERFORMED  TING  (Yeot) (Hout)	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Work  Not Work	, in or obout 21 C. Wi office bldg., INJURY	O HERE DID OCCUR?	(If in Boltime	ore City, give exoct locoti
EDICAL CERTIFIC	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify PAT (F) T	IFICANT CONDITION CAU CONDITION CAU CONDITION CAU FOPERATION 198 WA NT WAS UNDERLY UTING CAUSE Comedical examines) (Month) (Day)	RELATED TO SING IT. CONDITION F S PERFORMED  (Yeot) (Hout)  spital) attended Coased dive	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Work  Not Work  at wo	Nin or obout 21C. Winder office bldg., INJURY 21F. HC	O HERE DID OCCUR?  OW DID INJURY  19	(If in Boltime	ore City, give exact locali
EDICAL CERTIFIC	TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify PAT (F) T	IFICANT CONDITICE  EATH BUT NOT  CONDITION CAU  OPERATION 198  WA  NT WAS UNDERLY  UTING CAUSE Comedical examines  (Month) (Day)  that (I) (this ho  ARRIVED  d from the cause  URE	RELATED TO SING IT. CONDITION F S PERFORMED  (Yeot) (Hout)  spital) attended Coased dive	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At At Work  and the deceased from	Nin or about 21C, Wilder office bldg., INJURY 21F. HC	OHERE DID OCCUR?  OW DID INJURY	(If in Boltime	-12-65 pinian death occurred
EDICAL CERTIFIC	TO THE D DISEASE OR 19A-DATE OF OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify PAT That (1) (We) and hour and 23A. SIGNATU	IFICANT CONDITION CAU CONDITION CAU OPERATION 198 WA  NT WAS UNDERLY UTING CAUSE Comedical examines)  (Month) (Doy)  that (I) (this hough the ded from the cause  JRE	RELATED TO SING IT. CONDITION F S PERFORMED  (Year) (Hour)  spital) attende ceased alive of stated above	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At At Work  and the deceased from	Nin or obout 21 C. Wi office bldg., INJURY  21 F. HC hile	OHERE DID OCCUR?  OW DID INJURY	occur?	-12-65



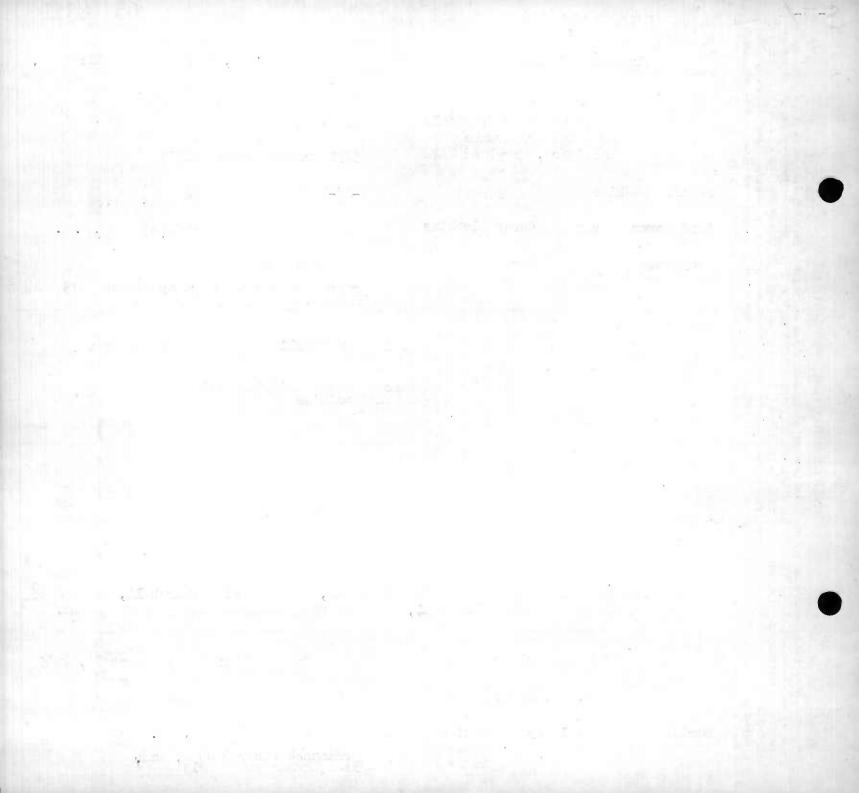
			BALTIMORE CITY	Y HEALTH DEPARTMEN	T	CE 9040
BIRTH NO.	65 2810		CERTIFICA	TE OF DEATH	H X Registered Na.	65 2810
I. NAME OF DE	CEASED			2. DAT	AND HOUR OF DEATH	
(Type of Print)	CIntyre, G	ertrude	Josephine		3-65	5:45 AM.
3. PLACE OF D	EATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (	Where deceased lived, If	institution: residence before admission)
FULL NAME HOSPITAL O			give street	Marvla	nd	RURAL ond give township)
INSTITUTION	1 77			Baltimor D. STREET ADDRESS	e	53-00
Marylar	nd Universi	су Hosp	ıtal		4	34
5. SEX	6. RACE		NEVER MARRIED  ), DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
F	W	Divor		1-15-16	49	
10A, USUAL OC	CUPATION (Give kind of we	ork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF
	of working life, even if retired	alle Vi	wienne	Baltim		WHAT COUNTRY?
Beauti	Clair	TIC VI	A T C I I I I C	Marylan		USA
13. FATHER'S N.	AME			14. MOTHER'S MAIDEN	NAME	
Frank	Marshalek			Antain	otto Volina	1. 1
5. Wos Deceas	ed Ever in U. S. Armed F	oices?	1 6. SOCIAL	17. INFORMANT	ette Kalins	ADDRESS
Yes, no oi unkno	wn) (If yes, give wor or do	tes of service)	SECURITY NO.	Frank H.	Parrish	
		2	13-03-6893	3740 ROOM	exkex Avenu	e_ #13
IB. DISE	S O I	IRECTLY	CAUSE	OF DEATH BOILV	Tem	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		w. Int	estinal Ohe	truction	2 months
heart failure	not meon the mode of e, osthenia, etc. It meor omplication which couse	s the diseose,	DUE TO	estinal Obs	-be-1	Z MORERS
injuly of ci	ANTECEDENT CAUSI		(B) Ova	rian Carcin	oma	2_years
	OR CONDITIONS, if		-	_		
	the obove couse (A NG CONDITION lost.	) sloting the	(C)	******************************	***************************************	
	II .					
E TO THE	INIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO TH	- <b>-</b>			
19A. DATE	OF OPERATION 198 CO	NOTION FOR		20A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
April	3,1963 0	arian (	Carcinoma	No		<del></del>
OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner)	hom etc.	e, form, foctory, street, o	in or obout 21 C. WHERE DI office bldg., INJURY OCCU	R?	re City, give exact location)
21D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY		Wh	ile At Not Whi	le 🗌		
22	fy that (I) (Thits thospit			4-2	19 63 ta	3-13 19 65
	b) last saw the decea		2 12			olnian death accurred an the date
and haur a	and from the causes st	ated abave. (I	) (We) (did) (did-noi)	view the bady after de	ath.	
23A. SIGNA				AND THE PARTY OF		23B, DATE SIGNED
181	mund K. 1	11.000	M.D. Att	lending Med.	Stoff Phys.	3-13-65
23 C. PHYSIC		CARO (		23D. ADDRESS		3-13-05
		ldleton	M.D.	Dept. OB-G	YN. Univers	ity Hospital
24A. BURIAL C			AME OF CEMETERY OF CR			City, town, or county) (State)
REMOVAL	(Specify)		ly Rosary (		Baltimore,	
	D BY HEALTH DEPT.					ADDRESS
ZOM. DATE REC	MAR 1 6 1965	Robert	E Stadey Mill	Schimunek 3330 Bre	Funeral Ho	ome, Inc.
140 1 00 DELL 1 /	1// 6					



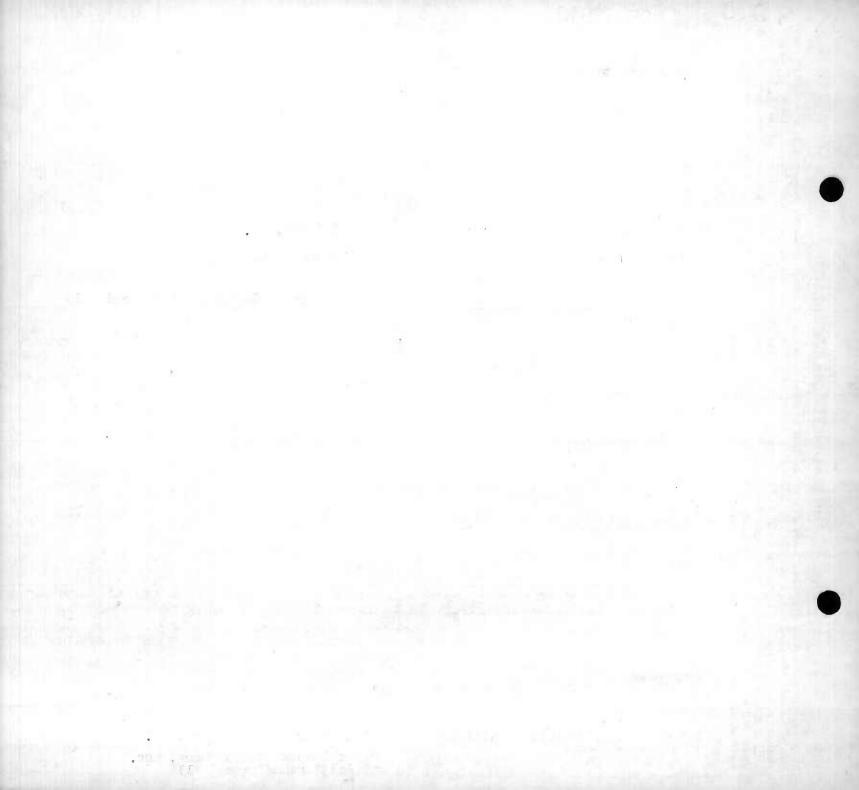
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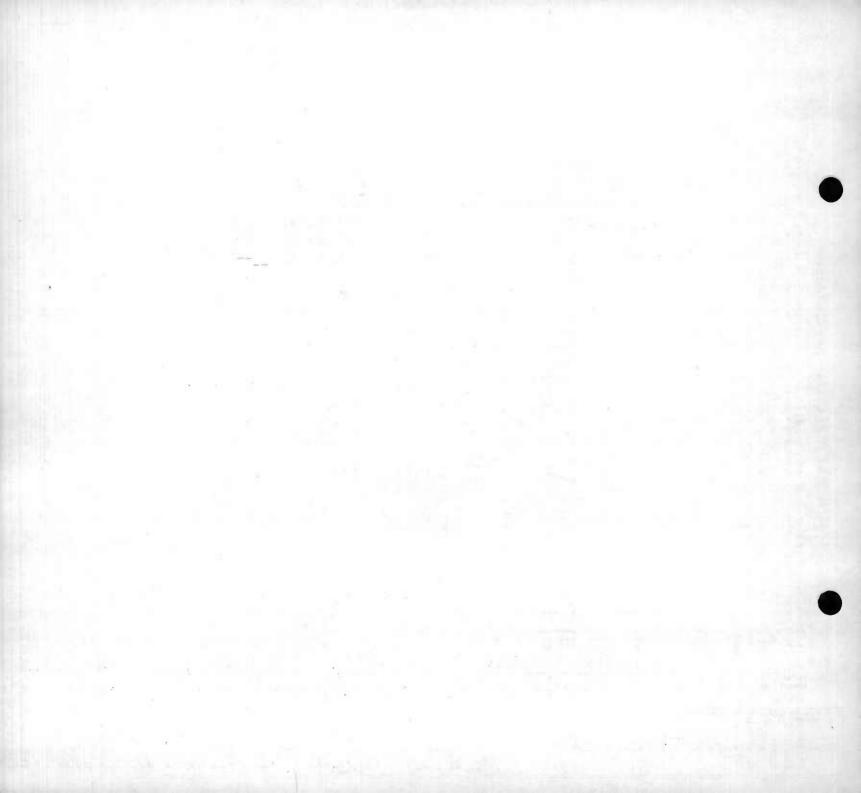
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BALTIMORE CITY HEALTH DEPARTMENT



V\$ 150-REV. 1/1/65





Corsville

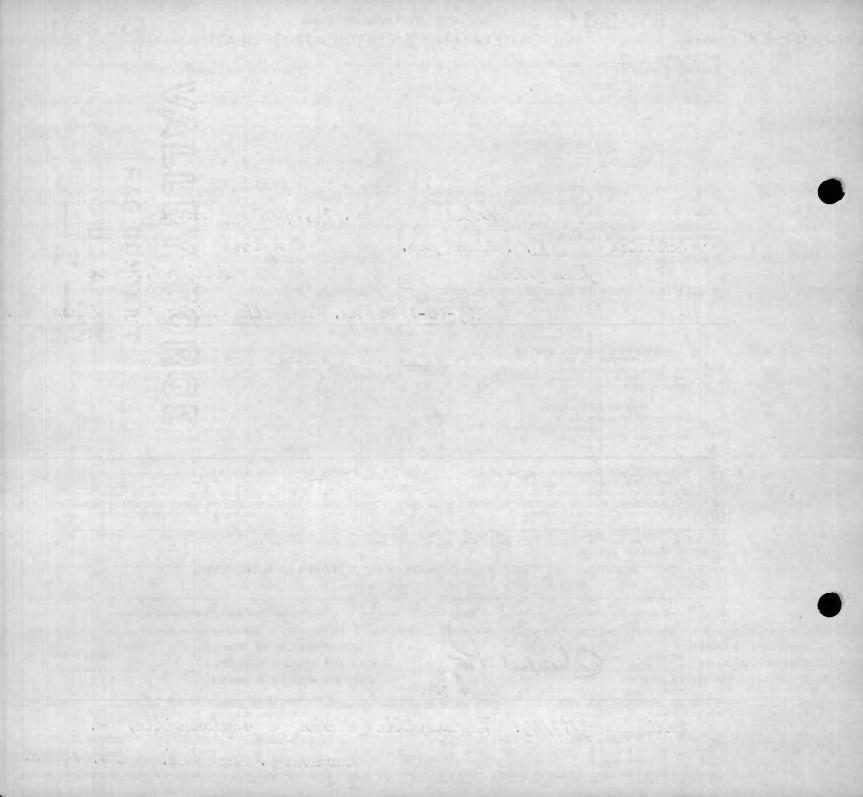
248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

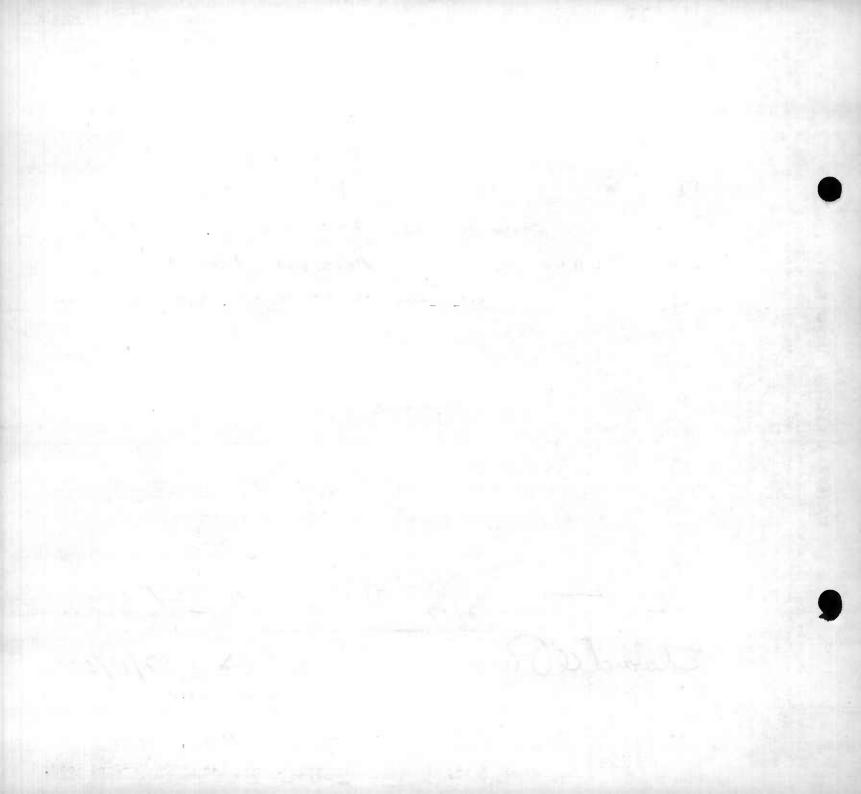
Leonard J. Ruck Inc. Balto. 14 Md.

Burial

VS 151-REV, 1/1/65

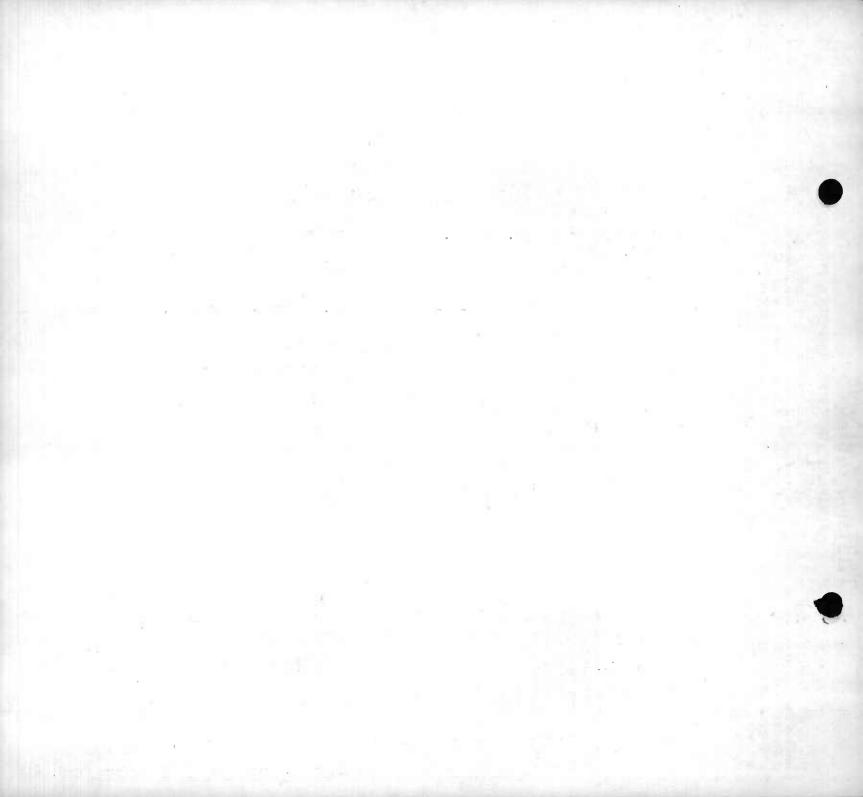


	OF 9045		BALTIMORE CITY	HEALTH DEPARTMENT		65 2815
	TH NO. 65 2815		CERTIFICA	TE OF DEATH	Registered Na	00 1010
	E CASE NO.			DATE AN	D HOUR OF DEATH	
	pe or Print	THALHI	TIMER.	3/13	165	1950 PM
3.	PLACE OF DEATH IN BALTIMORE, MARY	AND	211412.0	4. USUAL RESIDENCE (Whe	e deceased lived. If inst	itution: residence before admission
	FULL NAME OF (If not in hospital ar HOSPITAL OR oddress or lacotion) INSTITUTION	institution, give	streel	C. CITY OR TOWN (IF OU	ALTITORIS Iside city limits, write RU	URAL ond give township)
36	1ARYLAND GENERAL	Hosy	PITAL		rural, give tocation)	P
_					LIV II AV	Ko
5. 5	SEX 6. RACE 7.	MARRIED, NEV WIDQWED, DI	VORCED (specify)	2   5   0	9. AGE (In years lost birthdoy)	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 eduring most of working life, even if retired)	B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
<		COUTH CO	mp IIc,	BALTITORE	Md.	us
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	JOHN THALHEL	MBR		ANGELENA	HOULISAN	
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give war ar dates of	? 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		6-01-0799	(W11=13) Mari	e E. Thalhei	mer same
	18. /6/X I	51	CAUSE O	4 2		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	TLY		of LARYN	43	
	(This does not mean the mode of d	/ing, e.g.,	DUE TO	- 01 CATEYN	7	1700
	heart failure, asthenia, etc. It means the injury or camplication which caused do					
	ANTECEDENT CAUSES		(B)			~~~ me
	DISEASES OR CONDITIONS, if on	y, giving	DOE TO			
	rise to the obove cause (A) si UNDERLYING CONDITION tast.	oting the	(C)		■ n ■ n n n n n n n n n n n n n n n n n	
	11					
ATION	OTHER SIGNIFICANT CONDITIONS COL TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.					
ERTIFIC/		TION FOR WHIC	H OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
AL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21B. PLA home, fo etc.)	CE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltimore	City, give exoct lacation)
EDIC	21D. TIME (Month) (Day) (Year)	Hour) 21 E. 1NJ	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
8	(APPROX.)	While A	Not While			
	22. I certify that (I) (this hespital)				1965 to 3	1 13 1965
	that (1) (we) last saw the deceased	100mg	113		/	ion death accurred an the dat
	and have and from the causes stated		e) (did) ( <del>did not</del> ) v			
	23A. SIGNATURE					23B. DATE SIGNED
	Tolivered Ol	PISON	M.D. Att.	ending Med.	Stoff Phys.	3/13/15
	23C. PHYSICIAN'S NAME (Type)	200001		23D. ADDRESS		11/65
	MANUE (Type)		M.D.	Maryland Gene:	ral Hospital	WEST TOWN
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME	of CEMETERY OF CR			town, or county) (State)
		Holy	Redeemer C	Cemeterv	Baltimore Me	hae fund
25/	A. DATE REC'D BY HEALTH DEPT.	B. NAME OF RE	GISTRAR	emetery 25C. FUNERAL DIRECTOR	ar unior E, I's	ADDRESS
	MAK 1 0 1965 (	Colorett E	I take 149	Leonard &. R	ack Inc 530	Harford Road.
VS	150-REV. 1/1/65	6 83	The state of the s	and the same to		

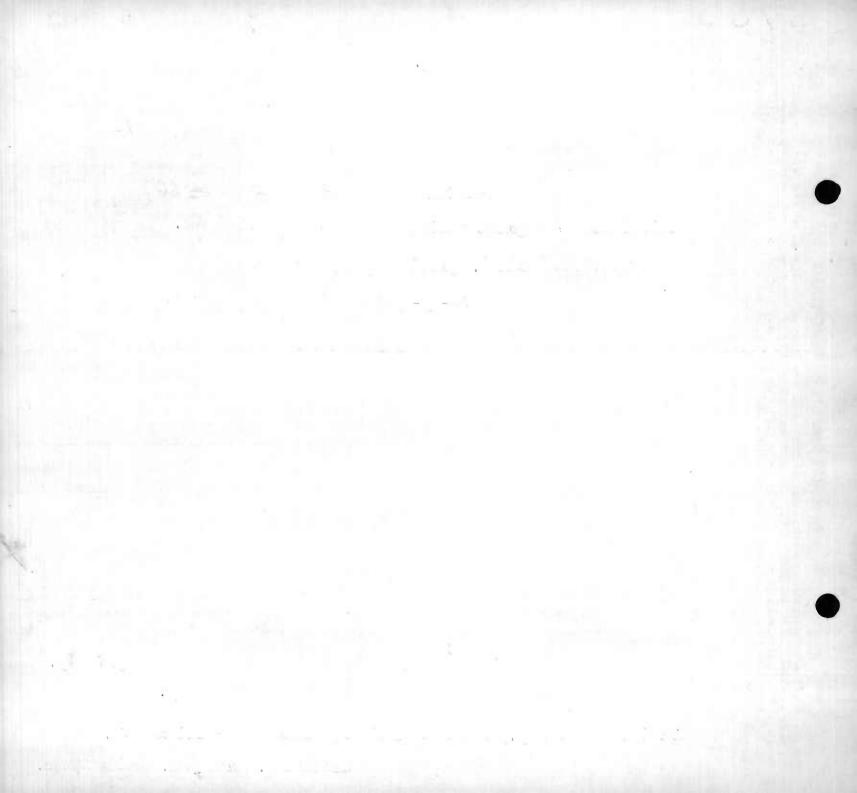


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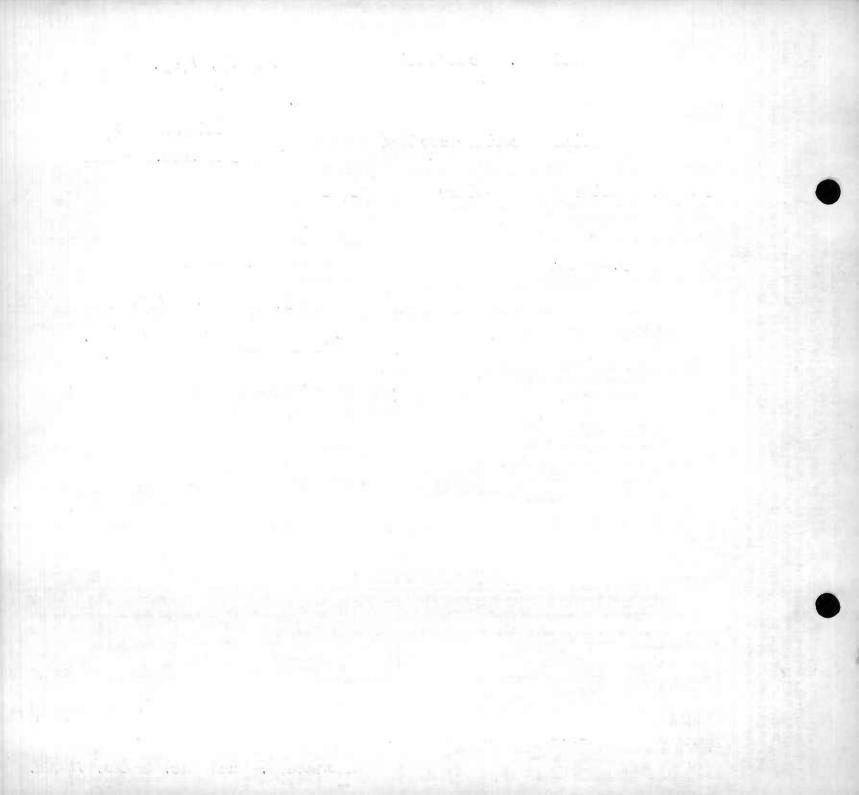
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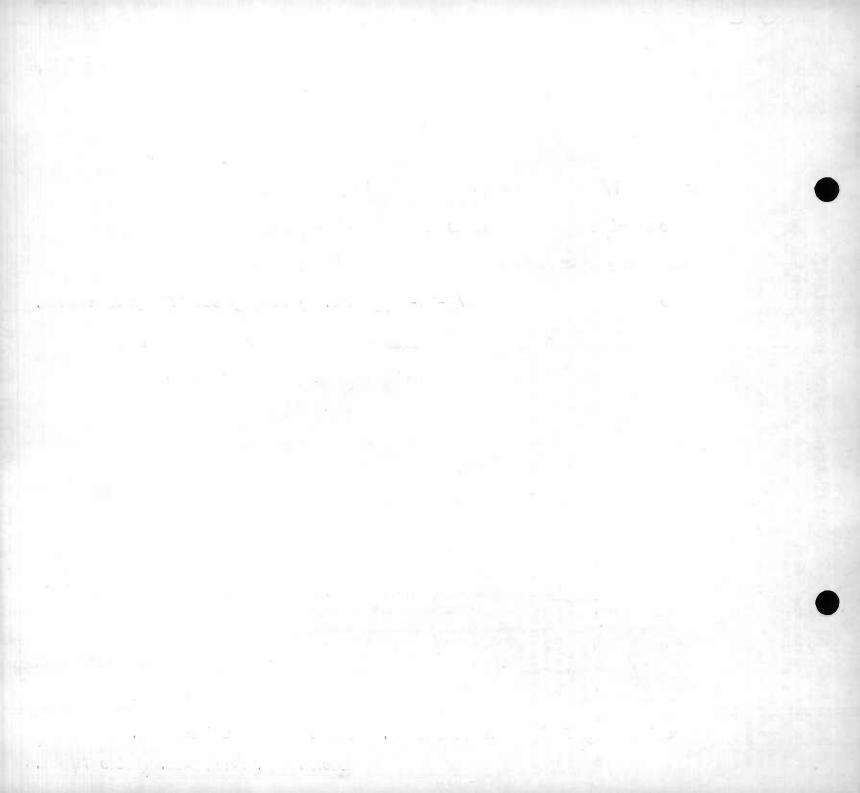
	H NO.							65 904	
	CASE NO.	55 20	817		CERTIFICA	TE OF DEATH	Registered No.	00 201	
, N	AME OF DEC	EASED		lie gan		2. DATE	AND HOUR OF DEATH		
	e ar Print)	Conn	; -f-f	Joh	n- C.	Ma	rch 12,	1965 11	
. P	LACE OF DE	ATH IN BALTI	MORE MAR	YLAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. It is	institution: residence before	
	ULL NAME C			r institution,	give street	Mary	land	7/03	
	HOSPITAL OR	oddres	s or location)			C. CITY OR TOWN	putside city limits, write	RURAL and give township)	
	7	,	0		11	Isa.FJ	mare	#18	
0	fira.	nklin	Dq Ha	We	flosp.	D. STREET ADDRESS	If rurol, give location)	c-1	
5. S	FY	6. RACE	£ 15	7 AA ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under	
	M	Tu/		WIDOWED	DIVORCED (specify)	2/19/1701	lost birthday	Months Doys Haurs	
ØÀ	USUAL OCC	UPATION (Give	kind of work 1		aratea BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Se	preign country)	12. CITIZEN OF	
lone		working life, eve		Court	and in	25 H	re Md.	WHAT COUNTRY?	
13.	FATHERS NA	klayer		Consi	ruction	14. MOTHER'S MAIDEN N		66.5,1	
0.		A A A A A A	1111	01 7	- ( . ! !				
5 1		Ever in U. S.			· (onnigt	Tr. INFORMANT	GW7L	ADDRESS	
Yes	, no or unknown	(If yes, give	wor or dotes	of service)	SECURITY NO.			ADDRESS	
				100		Roginandi	K haldveg	Tel 30th S	
	18. 4	4.11				F DEATH		INTERVAL BETWO	
	DISEA	SE OR COND		ECTLY	· ·	-t:10 1	and To	1,000	
	CThis does not mean the made of dying, e.g.,  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) Congestive heart failure  DUE TO  DUE TO								
	head failure, asthenio, etc. II means the disease, injury or complication which caused deoth.)								
		ANTECEDENT			(B)	ris addivirum v v 99 au 8 a au a 99 a a a a a a a a a a a a a a a			
	DISEASES (	OR CONDITI	ONS, if a	ny, giving	DUE TO				
		a abaua a	nuse (A)	claling the	(C)				
	rise la lh			sidiling life	10/				
		CONDITIO		sidility life		••••••			
NO	OTHER SIGN	G CONDITIO	N last.	ONTRIBUTING	3		0306 06 06 000 000 00 00 000 00 000 000		
ATION	OTHER SIGNI	G CONDITIO	N last.  DITIONS CO	ONTRIBUTING	3				
IFICATION	OTHER SIGNI	FICANT CONDITION CONDITION (	DITIONS CO	ONTRIBUTING	3	20 A. AUTOPSY? (Yes ar	Nol 208. IF YES, WERE	FINDINGS CONSIDERED	
RTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF	IFICANT CON EATH BUT CONDITION	N Iasi.  DITIONS CO NOT RELAT CAUSING IT.  198. COND WAS PERFO	ONTRIBUTING TED TO THI DITION FOR V	OPERATION		IN CERTIFYING CA	AUSES OF DEATH?	
CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF DISEASE OR 21A. ACCIDED OR CONTRIBUTION OF THE PROPERTY OF THE PROPE	FICANT CONDITION  IFICANT CONTROL  CONDITION  OPERATION  NT WAS UND  JTING CAU	N last.  DITIONS CO NOT RELAT CAUSING IT.  19B. COND WAS PERFO	ONTRIBUTING TED TO THE DITION FOR V ORMED	PLACE OF INJURY (e.g., e, form, foctory, street, c	20 A. AUTOPSY? (Yes ar in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, giva exoct location)	
CAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A-DATE OF 21A-ACCIDE OR CONTRIBLE OF CO	FICANT CONDITION  IFICANT CONDITION  FOREATION  OPERATION  NT WAS UND  JTING CAU  medical exam	N last,  DITIONS CC NOT RELAT CAUSING IT.  19B. COND WAS PERFO DERLYING SE OF	DNTRIBUTING TED TO THI CONTROL FOR V DRMED  218. ham etc.)	PLACE OF INJURY(e.g., e, form, foctory, street, c	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltiman	AUSES OF DEATH?	
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CONTRIBUTION OF INJURY	FICANT CONDITION  IFICANT CONTROL  CONDITION  OPERATION  NT WAS UND  JTING CAU	N last,  DITIONS CC NOT RELAT CAUSING IT.  19B. COND WAS PERFO DERLYING SE OF	DNTRIBUTING TED TO THI DITION FOR V DRMED  21B. ham etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltiman	AUSES OF DEATH?	
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF  21A. ACCIDE OR CONTRIBUTE DEATH (notify 21D. TIME OF INJURY (APPROX.)	FICANT CONDITION  FATH BUT CONDITION  OPERATION  NT WAS UND JTING CAU medical exam  (Manth) (De	N last.  DITIONS CC NOT RELAT CAUSING IT.  198. COND WAS PERFO DERLYING SE OF niner)  Oy) (Yeor)	DNTRIBUTING TED TO THI DITION FOR V ORMED  218. ham etc.) (Hour) 21E. Whi	PLACE OF INJURY (e.g., c., form, foctory, street, c., form, foctory, street	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltiman	AUSES OF DEATH?	
MEDICAL CERTIFIC	OTHER SIGNITO THE DO DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.)  21. Certify  22. I certify	IFICANT CONDITION (ATT AND	N last.  DITIONS CONT RELAT CAU SING IT.  198. COND WAS PERFO  WAS PERFO  SERLYING (Yeor)  Oy) (Yeor)	DNTRIBUTING TED TO THI  DITION FOR V  DRMED  21B. ham etc.)  (Hout) 21E. Whi Wor	PLACE OF INJURY (e.g., c., form, foctory, street, c., form, foctory, street	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltiman	AUSES OF DEATH?	
MEDICAL CERTIFIC	OTHER SIGNITO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	IFICANT CONDITION  IFICANT CONDITION  FATH BUT CONDITION  OPERATION  NT WAS UND JTING CAU medical exam  (Manth) (Do thot (I) (this	N last.  DITIONS CONT RELATIONS IT.  198. CONDIWAS PERFORMAN	DNTRIBUTING TED TO THI . DITION FOR V DRMED  21B, ham etc.) (Hour) 21E, Whi Wor attended the	PLACE OF INJURY (e.g., e, form, foctory, street of INJURY OCCURRED le At At Work he deceased from	n of obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Baltiman	AUSES OF DEATH?	
MEDICAL CERTIFIC	OTHER SIGNITO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTE 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) ond hour and	IFICANT CONDITION  IFICANT CONDITION  FATH BUT CONDITION  OPERATION  NT WAS UND JTING CAU medical exam  (Manth) (Da  thot (I) (this last sow the	N last.  DITIONS CONT RELATIONS IT.  198. CONDIWAS PERFORMAN	DNTRIBUTING TED TO THI . DITION FOR V DRMED  21B, ham etc.) (Hour) 21E, Whi Wor attended the	PLACE OF INJURY (e.g., e, form, foctory, street of INJURY OCCURRED le At At Work he deceased from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Baltiman	auses of Death?  The City, give exect location)  The City, give exect location)  The City, give exect location)	
MEDICAL CERTIFIC	OTHER SIGNITO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	IFICANT CONDITION  IFICANT CONDITION  FATH BUT CONDITION  OPERATION  NT WAS UND JTING CAU medical exam  (Manth) (Da  thot (I) (this last sow the	N last.  DITIONS CONT RELATIONS IT.  198. CONDIWAS PERFORMAN	DNTRIBUTING TED TO THI . DITION FOR V DRMED  21B, ham etc.) (Hour) 21E, Whi Wor attended the	PLACE OF INJURY (e.g., e, form, foctory, street of INJURY OCCURRED le At Not White k Not Work and deceased from March (We) (did) (did nat)	21F. HOW DID II	(If in Baltiman	auses of Death?  The City, give exect location)  The City, give exect location of the city	
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 Certify that (1) (we) ond hour and 23A. SIGNATURE OF INJURY (APPROX.)	IFICANT CONDITION  IFICANT CONDITION  IFICANT CONDITION  OPERATION  IFICANT CONDITION  OPERATION  IFICANT  OPERATION  OPE	N last.  DITIONS CONT RELATIONS IT.  198. CONDIWAS PERFORMAN	DNTRIBUTING TED TO THI . DITION FOR V DRMED  21B, ham etc.) (Hour) 21E, Whi Wor attended the	PLACE OF INJURY (e.g., e, form, foctory, street of INJURY OCCURRED le At At Work he deceased from	n or obout 21C. WHERE DID  ffice bldg., INJURY OCCUR?  21F. HOW DID II  le	(If in Baltiman	auses of Death?  The City, give exect location)  The City, give exect location)  The City, give exect location)	
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MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 Certify that (1) (we) ond hour and 23A. SIGNATURE OF INJURY (APPROX.)	IFICANT CONDITION  IFICANT CONDITION  IFICANT CONDITION  OPERATION  IFICANT CONDITION  OPERATION  IFICANT  OPERATION  OPE	N last.  DITIONS CONOT RELATIONS IT.  198. CONDI WAS PERFO	DNTRIBUTING TED TO THI . DITION FOR V DRMED  21B, ham etc.) (Hour) 21E, Whi Wor attended the	PLACE OF INJURY (e.g., e, form, foctory, street of INJURY OCCURRED le At Not White k Not Work and deceased from March (We) (did) (did nat)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID II  21F. HOW DID II	(If in Baltiman NJURY OCCUR?  19 5 to 10 that in (my) (our) ap  Stoff Phys	e City, give exect location)  2) 2 2 15  Inlon death occurred on  23B, DATE SIGNED  3/12/65	
MEDICAL CERTIFIC	OTHER SIGNITO THE DISEASE OR 19A.DATE OF OR CONTRIBUTED THE DISEASE OR 19A.DATE OF OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) ond hour and 23A. SIGNATU	FICANT CONDITION  IFICANT CONDITION  IFICANT CONDITION  IFICANT CONDITION  OPERATION  IFICANT CONDITION  OPERATION  IFICANT CONDITION  OPERATION  IFICANT CONDITION	N last.  DITIONS CC NOT RELAT CAUSING III 198. COND WAS PERFO DERLYING III s hospital) e deceased guses state	ONTRIBUTING FOR V DRMED  218, ham etc.)  (Hour) 21E, Whi Wor  attended the dalive an ed above. (I	PLACE OF INJURY (e.g., e, form, foctory, street of INJURY OCCURRED  INJURY OCCURRED  In At Work  The deceased from	21F. HOW DID II	(If in Baltiman NJURY OCCUR?  19 5 to 10 that in (my) (our) ap  Stoff Phys.  LOCATION (C	auses of Death?  The City, give exect location)  23 B. DATE SIGNED  3/12/65  City, town, or county)	
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07 0010	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 28	240
BIRTH NO. 65 2818 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na.	00 28	118
1. NAME OF DECEASED Julia M. Bo	acchatti		ND HOUR OF DEATH		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	rechest	Marc Marc White Control of the Marc White Co	h 13, 1965	) •	M
S. PLACE OF DEATH IN BALTIMORE, MARILAND		A. STATE B. COU	NTY	nstilution: residence beto	re odmission)
FULL NAME OF (If not in hospital or institution, given and the second of	re street	Md.		-100	
INSTITUTION				RURAL and give towns	hip)
Union Memoria	1 Hasnital	D. STREET ADDRESS (III	Baltimore rurol, give locotion)	2 # 14	
Sirved to the management	criospacia	302	3 Fleetwood	d Avenue	
	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	T 27 11 1 1 2 2 2 2 2	Under 24 Hrs.
	DIVORCED (specify)	7 22 1807	last birthdoys	Months Doys Hou	rs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B		7-23-1897	eign country)	12. CITIZEN OF	
done during most of working life, even if retired)		Maruland		WHAT COUNTR	Y?
MOUSEWLTE		14. MOTHER'S MAIDEN NA	ME	USA	
William F. Dahle		Margaret +			
	6. SOCIAL	17. INFORMANT	. Cooper	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.				. 1 0
		William F. E	Bocchetti.	1211 Links	ide Dr
18. 422.1 × 260 X	CAUSE	OF DEATH Crilrice		INTERVAL B	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		crurue	1.	1 Luc	
(This does not mean the made of dying, e.g.,	(A) DUE TQ	Humorr	uly		
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ev.	rlirio-relir	otle	m 5 yr	
ANTECEDENT CAUSES	(B) Cour	Mit- vences	nur des	in sin	ers
DISEASES OR CONDITIONS, if any, giving	DUE TO				
rise to the above cause (A) stating the	(C)		***********		
UNDERLYING CONDITION lost.					
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		etes millete		10 years.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		duce Home		Juna	
19A. DATE OF OPERATION 19B. CONDITION FOR WH		20A. AUTOPSY? (Yes or N	208, IF YES, WERE	FINDINGS CONSIDERE	D
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?	
OP CONTRIBUTING CAUSE OF	lorm, foctory, street.	in or about 21 C. WHERE DID	(If in Boltimor	e City, give exact locat	ion)
DEATH (notify medical examiner)		-34			
21D. TIME (Month) (Doy) (Year) (Hour) 21E, II	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
	At Not Whi	le 🗌			
22. I certify that (I) (this hospital) attended the			1949 to 20	w. 13	19 65
3	nurlle ;	/		nion death accurred	
and haur and fram the causes stated above. (1)	***************************************			mon death accorred	on the date
23A. SIGNATURE	(e) (aia) (aia ugi)	view the body diter death.		23B. DATE SIGNED	
Grown Dewons	M.D. Att	tending Med.	Stoff	3/15/6	_
23C. PHYSICIAN'S	Phy	ys. Director 123D. ADDRESS	Phys.	0/13/6	3
NAME Type	MAD M.D.		Lord Rel.		
		. //			15
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	AE of CEMETERY of CR			ity, town, or county)	(Stote)
burial 3-17-65 More	cland Mem.		altimore,		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R D 1 . O	ADDRES ADDRES	A . 2
MAR 1 6 1965 (12 Leub, 8	- Marken in	Leonard J.	nuck ync.	Balto. 11	1 Md.
3 FF BELL \$ 13 14 F	- The state of the		at the same of the		



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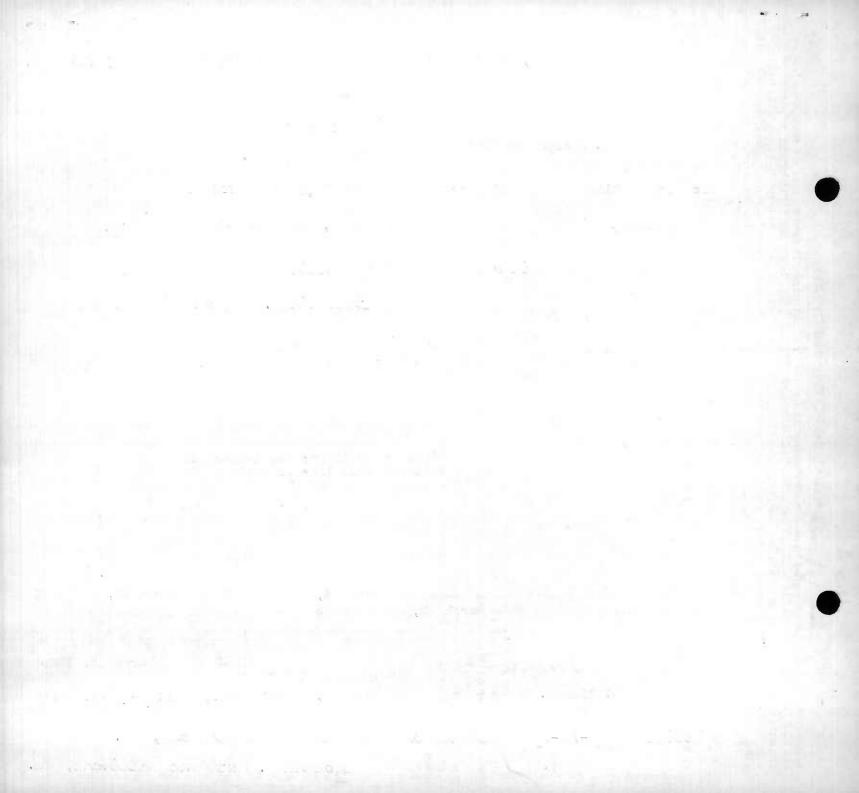


	BALTIMOR	E CITY HEALTH DEPARTMENT 65 28	320
		ICATE OF DEATH Registered No.	3 <u>2.U</u>
1. N	E CASE NO.	2. DATE AND HOUR OF DEATH	
(Typ	Katherine	Tunney March 12, 1965   8:	00 P.
. 6	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, 4f institution: residence bel	
	FULL NAME OF (If not in hospital or institution, give street	MJ 90	)
ŀ	HOSPITAL OR oddgess of locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give town:	ship)
	INSTITUTION 115 E. Melrose Ave.	Baltimore	
	ong Green Nursing Home	D. STREET ADDRESS (If rurol, give location)	
	g y	2915 Overland Ave.	
5	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. , If	Under 24 H
L	remale white single	Jan. 28,1873 lost birthdoy) 92 Months Doys Hou	)rs : win.
1	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	
n	e during most of working life, even if retired)	M - / / / WHAT COUNT	RY?
	8 Teacher Schools	Maryland USA	
		13. Mollier & Malorit Halvie	
	William Tunney	Sarah Cashen	
0 5	Was Deceased Ever in U. S. Armed Forces?  s.no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS	
		Dr. Robert B. Tunnay 8106 Hant	and R.
-	IB. A. CA	Dr. Robert B. Turney 8106 Harte	BETWEEN
	DISEASE OR CONDITION DIRECTLY	liac arterial thrombosis ONSET AN	D DEATH
	LEADING TO DEATH	X To	eus
	(This does not mean the mode of dying, e.g., DUE	Peneralized Arthrosclerosis ludefi	
	hearf failure, asfhenia, etc. If means the disease, injury ar complication which caused death.)	eneralized Arthuoselerosis ludefi	1 4
	ANTECEDENT CAUSES (B)	cheral/zea/Windexlerosis rudeti	11/17
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the (C)	100000000000000000000000000000000000000	
	UNDERLYING CONDITION Iasi.		
2		mong breast (operated) 5408,	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Mosclerotic Heart Disase 15419	
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO	20A. AUTOPSY? (Yes or No.) 20B. (F YES, WERE FINDINGS CONSIDER	ED
-	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
ָ ע	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	((e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locates, office bldg., INJURY OCCUR?	otion)
1	OR CONTRIBUTING CAUSE OF home, form, foctory, s DEATH (notify medical examiner)	reet, office bidg., INJURY OCCUR?	
ر	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
MEDI	OF INJURY	of While	
-		Work D	,
	22. I certify that (I) (this hospital) attended the deceased from	THE VEC 19 30 to IVMAIL	19 6 J
	that (1) (we) last saw the deceased alive on 17 Ma	1965 and that in(my) (our) opinion death occurre	d on the d
	and hour and from the causes stated above. (1) (We) (did) (did		
	23A. SIGNATURE	23B, DATE SIGNED	
	M. M. M. M. M.	Attending Med. Stoff 12 114.	1.5
	23C. PHYSICIAN'S		Ø V
	NAME (Type)	23D. Address 1701 Meridene Drive	
	John B. DeHof	M.D. 1701 Maridana Dilva	
A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
17	vial 3-15-65 New Cathed	ral Cem. Baltimore, Md.	
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRE	
	MAR 1 6 1965 ( Da 6 2 Falley!	1 Donard J. Ruck Inc Baltimore	. Md
S	150-REV. 1/1/65	a second	

FUNERAL DIRECTOR: IMPORTANT

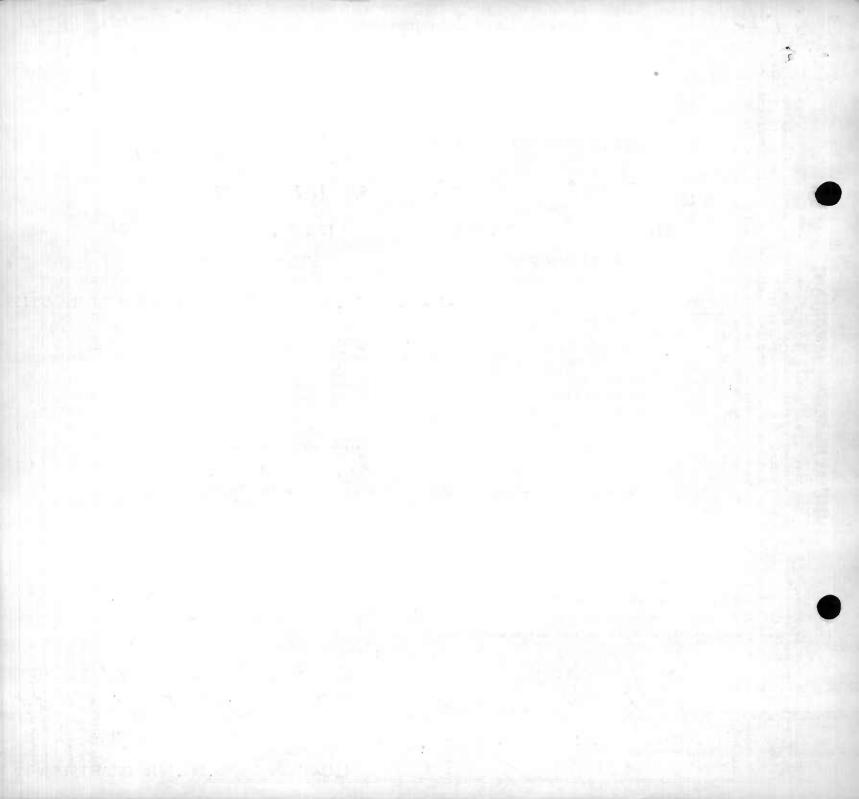
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BALTIMORE CITY HEALTH DEPARTMENT

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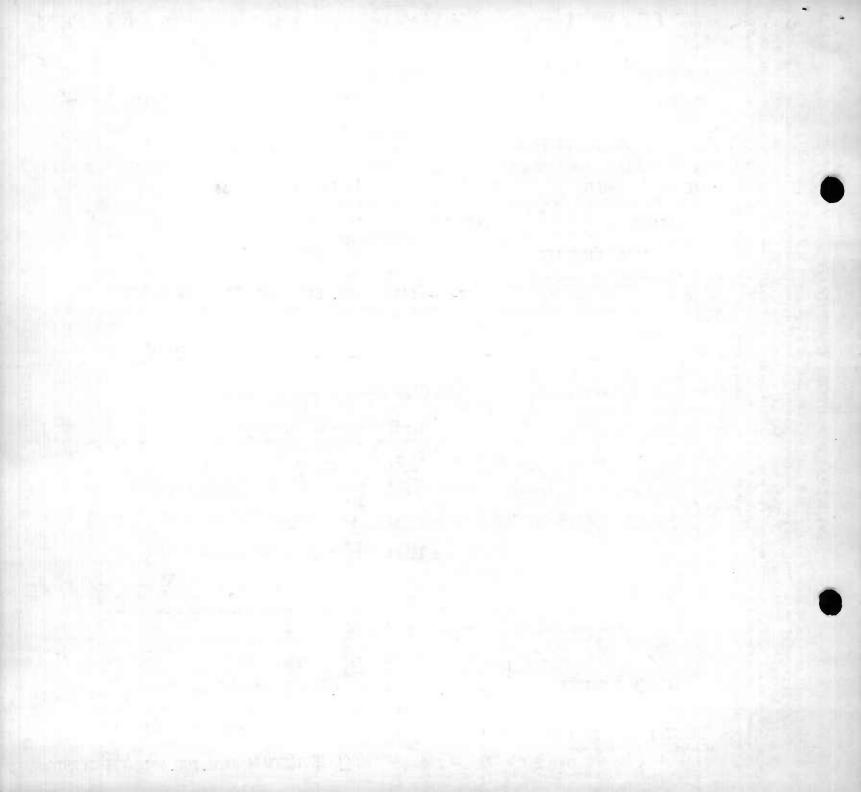
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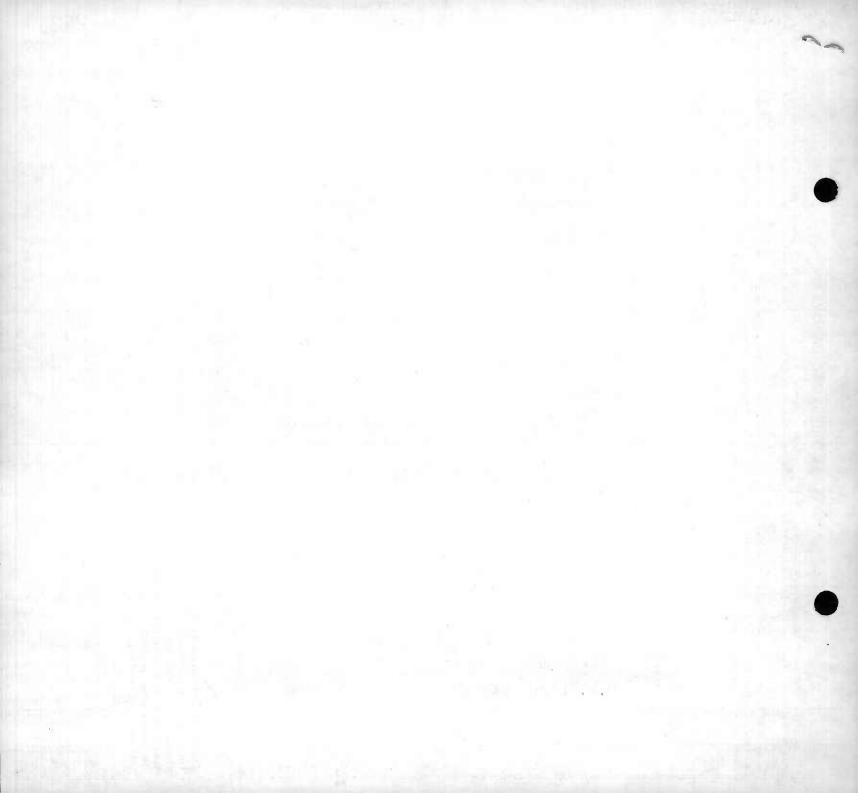
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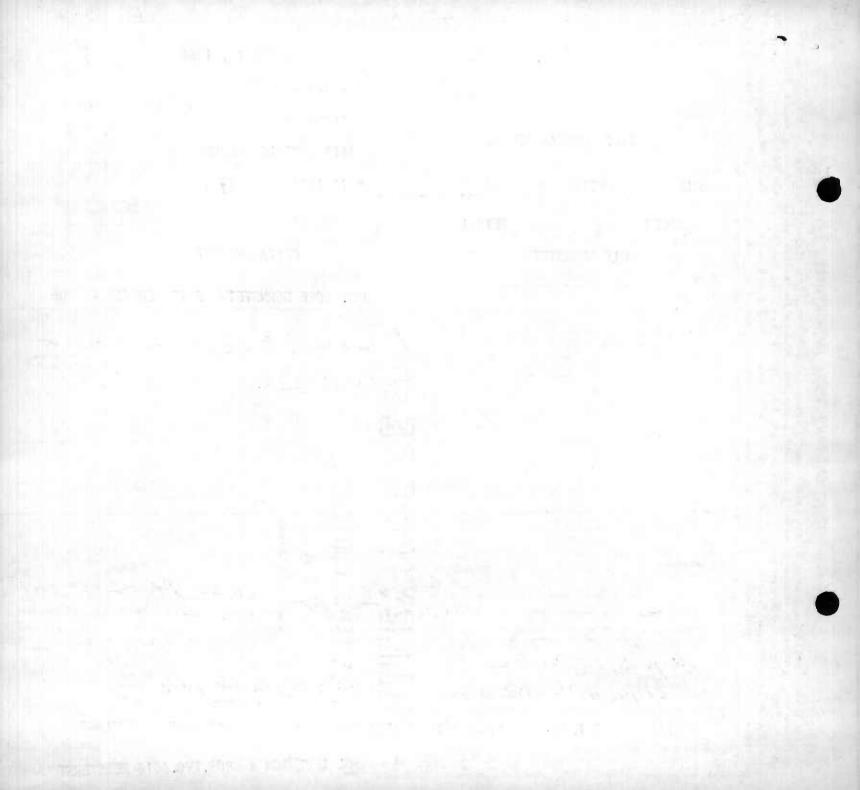
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DIRECTOR:

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	65 2	827	ICAL E	BALTIMORE CITY HEA			DEATH	65	2827
BIRT	TH NO.	WED	ICAL E	XAMINER'S C	ERTIFICA	I E OF	DEATH Regist	tered No	,501,3
+	CASE NO.								
(Typ	NAME OF DECEASED						D HOUR PRONOUN	CED DEAD	
2 0	LACE IN BALTIMORE, M.	AMUEL	LIEBE BRONIO	ROSENFELD	The section of the		ch 14, 1965	-44.47	11:05 PM.
3. P	LACE IN BALHMORE, M.	AKILAND, W	HERE PRONO	UNCED DEAD	A. STATE		B. CC	DUNTY	ence before odmission
FUL	L NAME OF (IF NO	T IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		y Land	de corporate limits, wr	ite PIIPAL on	d give township)
	SPITAL OR ADDRI	ESS OR LOCA	(IION)				o corporote minis, wi	//	A /
13					D. STREET ADD	timore		11-	70/
1		Mercv	Hospita	al					
-	EV / DAGE				8. DATE OF BIRT		Lvert Stree		1 2 11 11 04 11
5. \$	Male Whit		WIDO WED,	DIVORCED (specify)			9. AGE (In years lost birthdoy) 78		1 Yr. II Under 24 Hrs Doys Hours Min.
	. USUAL OCCUPATION (G		TOB KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreig	gn country)	12. CITIZE	N OF COUNTRY?
	RETIRED	ren a renico,	NEWS	STAND	MAR	LAND			ISA
13.	FATHER'S NAME				14. MOTHER'S M	AIDEN NAM	E		
	MORRI:	S ROSEN	FELD		UNI	KNOWN			
	WAS DECEASED EVER IN			16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
ries	NO	e wor or date	s or service	218-16-1689	MDC ECT	FILE PA	ELL 8105 GR	DAN MAIN	בנו מת
	18.				E OF DEATH	-LLL KN	LLL 0103 GR		INTERVAL SETWEEN
	1 1	1		CAUS	E OF DEATH				ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive and arterioscleratic								
	(This does not mean the mode of dying e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which coused death.)  LEADING TO DEATH  (A) Hypertensive and arterioscleratic cardiovascular disease								
	ANTECEND DISEASES OR COND RISE TO THE ABOVE (								
z	UNDERLYING COND	HION LASI.		(C)			••••		•••••
9		II	-			-			
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
CERT	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS OF DESCRIPTION IN CERTIFYING CAUSES OF D								
EDIC	21 A. EXTERNAL CAUSE OF UNDERLYING OR CONTUING CAUSE OF DEA	RIB-	21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY	WHERE DID	(If in Boltimore City,	give exact loo	cotion)
Σ	21D TIME (Month)	(Doy) (Yeo	r) (Hour)	21E. INJURY OCCURRED	21 F. H	ILNI DID WO	URY OCCUR?		
	OF INJURY (APPROX.)				WHILE				
	22. I certify that I held on Inquiry Inspection Autopsy ond that on this bosis, deoth in my apinion								
	resulted from:	Natural co	uses X	Accident Sulcid	de 🗌 Homici	de	Undetermined mon	ner 🗌	
	ACTUAL	110	Visil	A		EDICAL EX			DATE SIGNED
	SIGNATURE	/ (x,	7.		ASSISTANT M				2 7 4 4 7
				ert, M.D.					3-15-65
REA	BURIAL CREMATION,	3/16/6		OHEB SHALOM	or CREMATORY		BALTIMORE	MARY I	The state of the s

MAR 1 6 1965 REGISTRAR LANDE OF REGISTRAR MAR 1 6 1965 REGISTRAR

VS 151-REV. 1/1/65

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

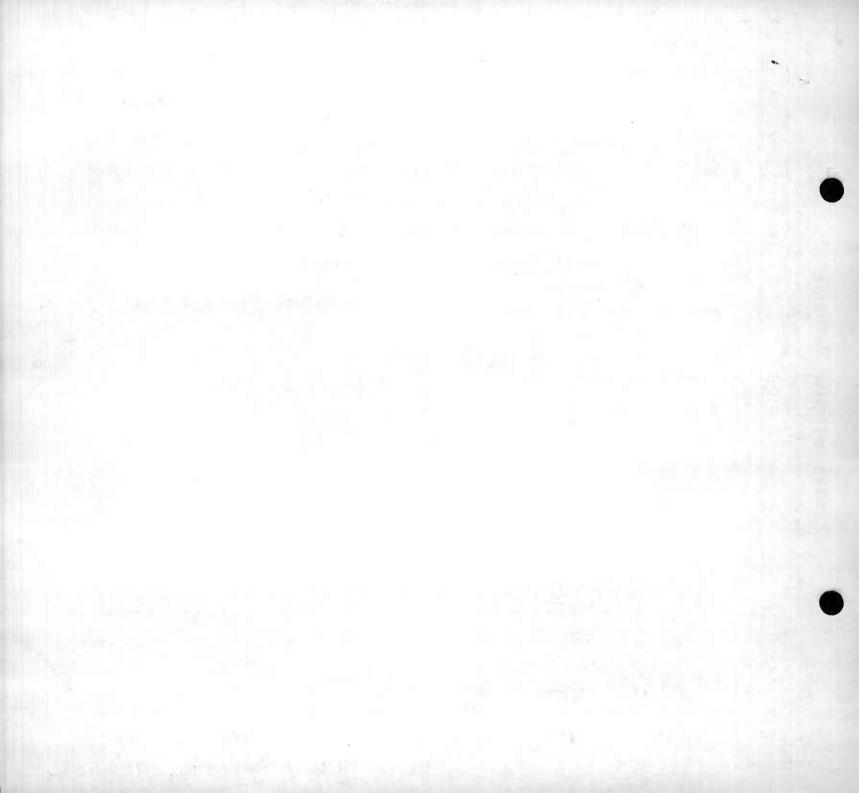
ADDRESS

24C. FUNERAL DIRECTOR

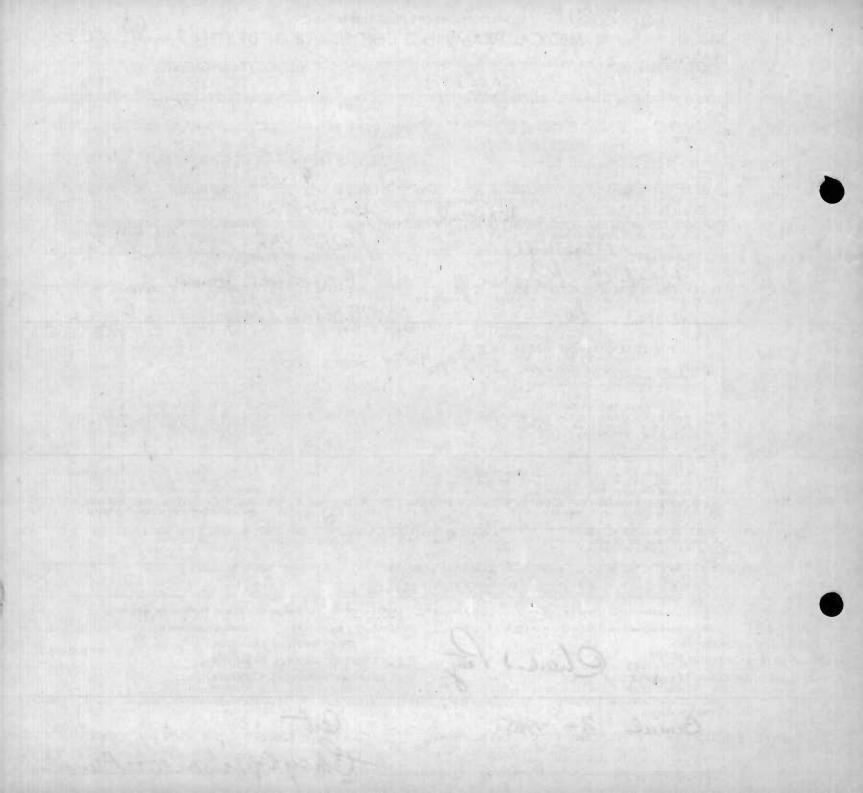
THE REPORT OF THE PARTY OF THE SECTION SECTION SECTION SECTIONS

RIPTI	NO. 65 28	328		CEDILLIC	ATE OF	DEATH	Registered N	65	2828
M.E.	CASE NO.	02.0		CERTIFIC	ATE OF				
	ME OF DECEASED	200-	Rai	4			AND HOUR OF OEA		6:35
3. PI	ACE OF DEATH IN BALT	MORE, MARYLA	ND I	amin	4. USUAL R	ESIDENCE (V	3-13-6 There deceased fived. I	) If institution; reside	ence befare admi-
					A. STATE	B. CO	UNTY	27	-2-1
Н		t in hospital or ins ss or location)	stitution, give	street	c. CITY OR	land III	outside city limits, wri	ite RURAL and gi	ve township)
7		1.0 6	R 14'		B	a 1 trms	ore		
4	Sinai Hosp	ital ot !	)a 171ma	re	O. STREET A		(If rurol, give location)	- 1	- 0 = J
	1, 00.00				) )		Western K		
5. SE	MI	/ v	1. /	VORCED (specify)	B. OATE OF		9. AGE (tn years last birthday)	If Under 1 Manths Da	Yr. If Under 24 ys Hours M
10A.	USUAL OCCUPATION (GIV	e kind at wark 10 B.	KIND OF BUS	100	Aug 3	1896	areign country)	12, CITIZEN	OF
done	during mast of warking life, e	ven if retired)				(3,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		WHAT	COUNTRY?
13 E	Wholesale ATHERS NAME		Candy &	Tobacco	New S	Ork Ci	ty	u.	SA
. 5. [									
15 W	/as Deceased Ever in U. S	lorris Kur		SOCIAL	EST	ier S	chwartz	AF	DDRESS
(Yes.	na arunknawn) (If yes, give	war ar dates of	service)	SECURITY NO.				h	
						itherin	e Kupper 580		
	8. 420,1				OF DEATH				SET AND DEATH
	DISEASE OR CON		LY	/	Lyonal.	il T. 11	face La		
	(This does not mean th			DUE TO	10 cur ace				
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the diseose, injury or camplication which coused death.)  ANTECEDENT CAUSES  (A) Myo cardial Infarction  (A) DUE TO  Arteriosclerotic Cardiovascular ) Isease								
	ANTECEDEN	IT CAUSES		OUE TO	Griosclerol	70 Card	(ovasular ())	sease	. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.
	DISEASES OR CONDIT								
	rise to the above to UNDERLYING CONDITION		ing the	(C)	99 bb/rbb/r n 1000r n 0 n n 800 n 80 n				
									-
ATION	OTHER SIGNIFICANT COLTO THE DEATH BUT								
	9A. DATE OF OPERATION	CAUSING IT.		H OPERATION	120 A ALLTO	DPCV2 IYes Or	No) 208. IF YES, WE	SE EINDINGS CO	NSIDEREO
ERTIFIC	- CI CI ENAMON	WAS PERFORM		III OTERATION		No	IN CERTIFYING	CAUSES OF DEA	TH?
CE	21A. ACCIDENT WAS UNDER CONTRIBUTING CA	DERLYING _	21 B. PLA	CE OF INJURY (e.g.	, in ar about 21 C	. WHERE DID	(If in Baltin	mare City, give ex	xoct lacation)
CAL	DEATH (notify medical exa	miner)	etc.)	rm, factory, street,	office plag., INJ	ORT OCCUR			
0	21D. TIME (Manth) (I	Day) (Year) (Ho	our) 21E. INJ	URY OCCURRED	21 F.	HOW DID	INJURY OCCUR?		
2	OF INJURY (APPROX.)		While A	Not W					
	22. I cartify that (1) (th	is hospital) att					10 / / 10	7 -	13 106
	22. I certify that (1) (this hospital) attended the deceased from 3-13 19 4 to 3-13 196 that (1) (we) lost sow the deceased alive on 3-13 196 and that In(my) (our) opinion death occurred on the								
	and have and from the								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3A. SIGNATURE	1	20101 (1)(1)	Varay (ara non	VIOW THE DOG	y oner dear	110	23B. DATE S	IGNED
	Fare	4 Section	MI	M.D. A	ttending hys.	Med. Director	Stoff Phys.	3-1	3-65
1	3C. PHYSICIAN'S	1 June	1		23 D. ADDRESS		Phys.		/ 10-1
	LARRY	BECKER		M.	. 492	4 (000	in Come &	Balto. 15	MI
24A.	BURIAL CREMATION, 24	B. DATE	24C. NAME	of CEMETERY as C	1 1	[24D	LOCATION	(City, town, or co	
	REMOVAL (Specify)								
25A	BURIAL 3	/14/65 DEPT.  258.	Shaar NAME OF RE	ei Tfiloh	Cong.	ERAL DIRECT	Baltimore,	Maryland	ADDRESS
	MAR 1 6			Starley M.A.	501 1	EUTUSA	L & PRAG THE	2 /010 2	
VS I	50-REV. 1/1/65	1000 00	1351VI.		Sing L	EN TIASOL	V. & BROS INC	. 6010 R	eist Kd.
4 3 I	20-4F At 11.11.03						199		

FUNERAL DIRECTOR: IMPORTANT



VS 151-REV. 1/1/65



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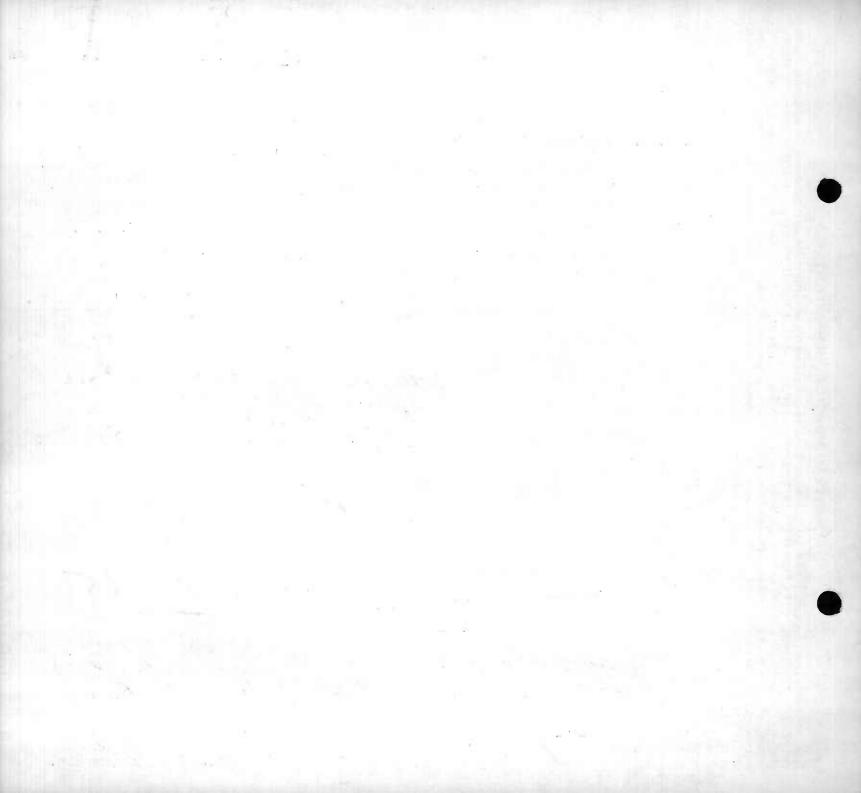
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

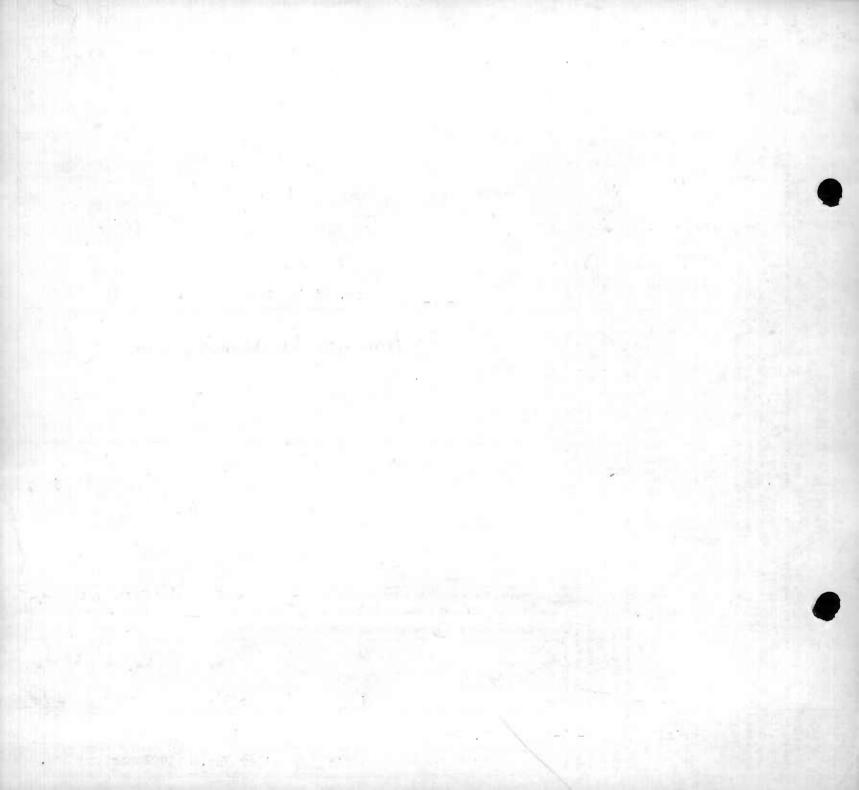
If Under 24 Hrs.

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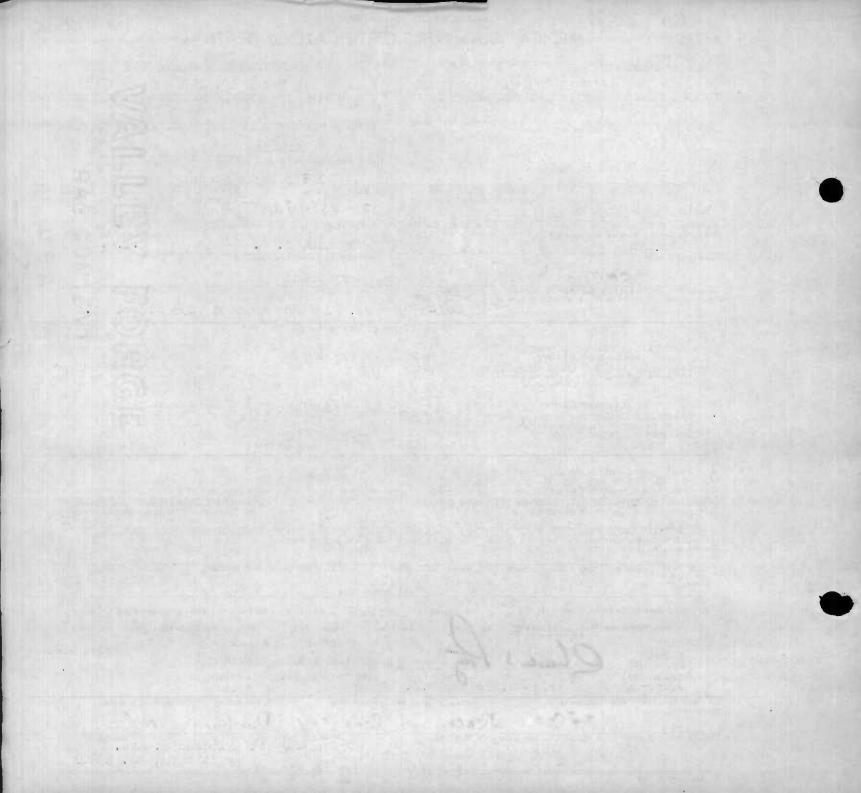


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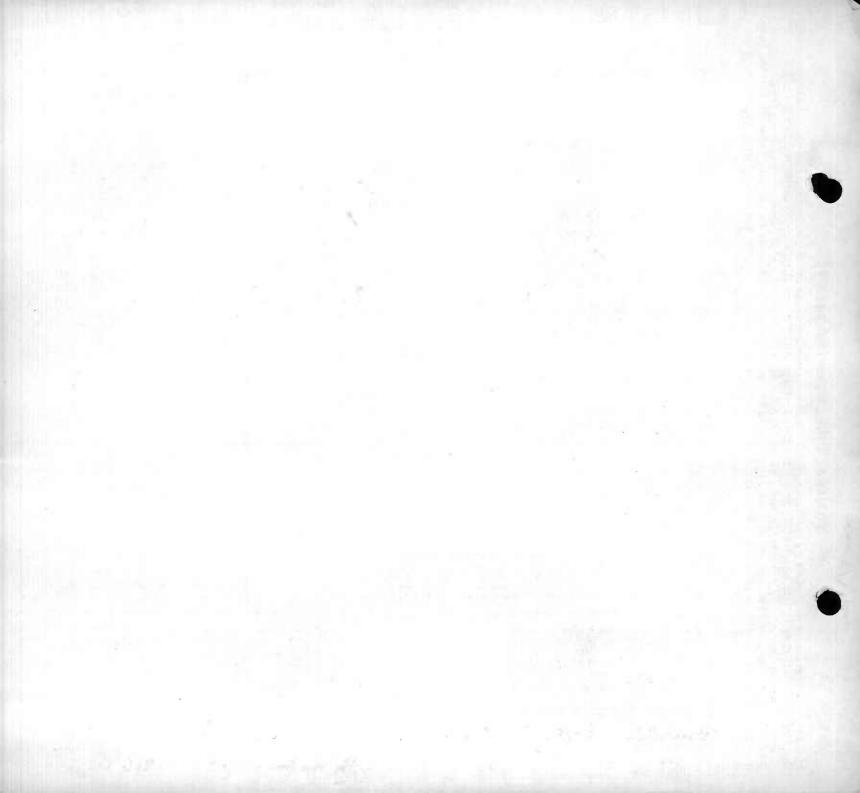


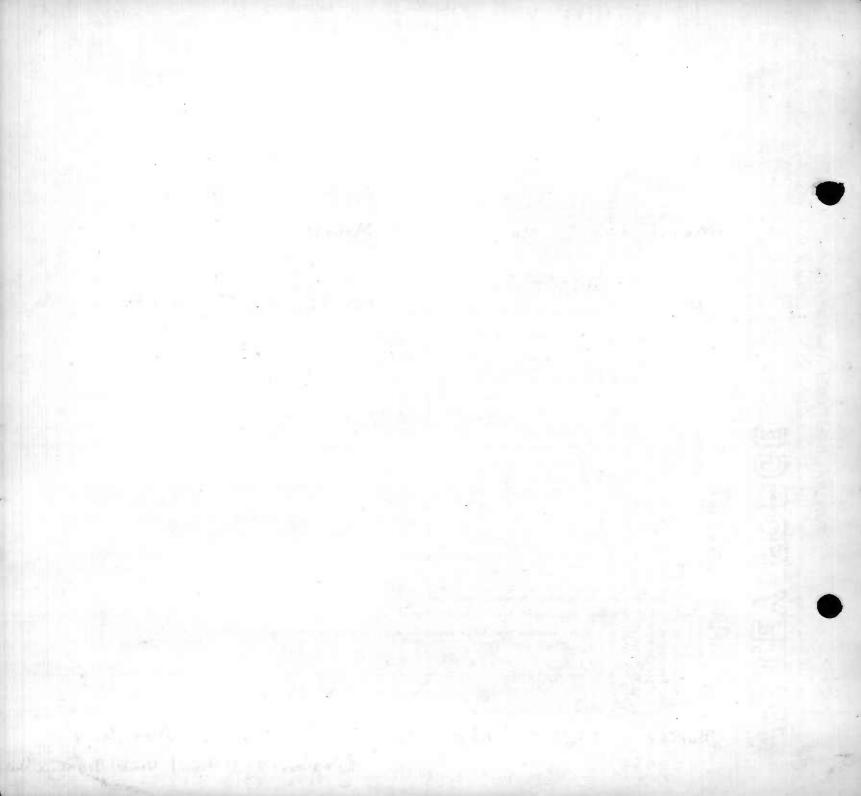
VI.	M.E. CASE NO.	CERTIFICATE OF DEATH Registered No.							
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD							
	ALFRED NORMAN WHITTED  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	March 13, 1965 7:59 P. M. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
		A. STATE Maryland							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
-	A STATE OF THE STA	Baltimore /4/0/							
5	Provident Hospital	D. STREET ADDRESS (If rurol, give locotion)							
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	253 Robert Street   B. DATE OF BIRTH   9. AGE (In yeors   If Under 1 Yr, If Under 24 Hrs.							
	Male Negro WIDOWED, DIVORCED(specify)	2-25-1925 lost birthdoys Months, Doys Hours, Min.							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF							
	done during most of working life, even if refired) Foreman	Durham, N. C. WHAT COUNTRY?							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	London Whited	Mary Snead							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.	17. INFORMANT ADDRESS							
	no 245-26-8994	Mrs. Florence Whitted 253 Robert St.							
	1	EE OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) MYOCA	rdial Infarction							
	(This does not mean the mode of dying e.g., heard failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	bosis of Right Coronary Artery							
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	insclaratic Heart Disease							
	2 Co. Arteriosclerotic Heart Disease.								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************							
	198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes, in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)							
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
	WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	Tes IN CERTIFYING CAUSES OF DEATH? Yes, in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bidg, INJURY OCCUR?							
	WAS PERFORMED    Value   Value	Yes IN CERTIFYING CAUSES OF DEATH? Yes, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?							
	WAS PERFORMED    Valid	Yes Ves Vin or obout 21C. WHERE DID (If in Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?							
	WAS PERFORMED  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT MORK  22.   Certify that I held an Inquiry   Inspection A	Yes , in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg, INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  while work  and that on this basis, death in my apinion							
	WAS PERFORMED    21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.   21B. PLACE OF INJURY (e.g., home, form, foctory, streef. etc.]	Tes  Ves  Ves  Vin or obout 21C. WHERE DID (If in Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  WHILE  Utopsy X and that an this basis, death in my apinian  de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER							
	WAS PERFORMED    Value   Value	Yes  in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  while  utopsy X and that an this basis, death in my apinion  de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED							
	WAS PERFORMED    Value   Value	Yes  in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  while work and that an this basis, death in my apinian  de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER   DATE SIGNED							
	WAS PERFORMED    Variable   Varia	Tes  Ves  Ves  Vin or obout 21C. WHERE DID (If in Boltimore City, give exact location)  Vinder of the bidg, injury occur?  Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ve							
	WAS PERFORMED    Value   Value	Tes  Ves  Vin or obout 21C. WHERE DID (If in Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  WHILE  WORK  21F. HOW DID INJURY OCCUR?  WHILE  CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  Or CREMATORY  23D. LOCATION (City, town, or county)  (State)							
	WAS PERFORMED  WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21D. TIME OF INJURY (APPROX.)  22.  I certify that I held an Inquiry Inspection AT  resulted from: Natural causes Accident Suici  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles S. Petty, M.D.  23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  Burial  24A. DATE REC'D BY HEALTH DEPT.  24B. NAME OF REGISTRAR	TYES  IN CERTIFYING CAUSES OF DEATH?  YES  In or obout 21C. WHERE DID (If in Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  WHILE  Utopsy X and that an this basis, death in my apinian  de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  DATE SIGNED  3/14/65  OF CREMATORY  23D. LOCATION (City, lown, or county)  (Stole)  24C. FUNERAL DIRECTOR							
	WAS PERFORMED   WAS PERFORME	TYES  IN CERTIFYING CAUSES OF DEATH?  YES  In or obout 21C. WHERE DID (If in Boltimore City, give exoct location)  21F. HOW DID INJURY OCCUR?  WHILE  Utopsy X and that an this basis, death in my apinian  de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  DATE SIGNED  3/14/65  OF CREMATORY  23D. LOCATION (City, lown, or county)  (Stole)  24C. FUNERAL DIRECTOR							



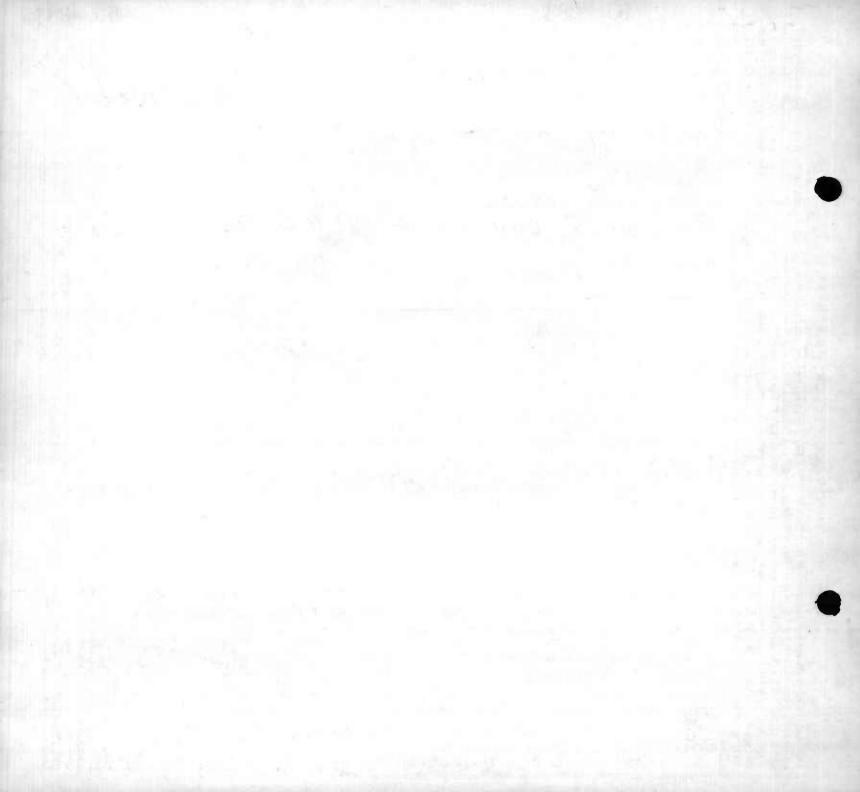
DIRECTOR:

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ASE NO.	65 2					- 65 2835
		040	CERTIFIC	ATE OF DEATH	Registered No	
E OF DECEAS	TALLIN	45	FRANK B.		AND HOUR OF DEAT	Н — — 2
	IN BALTIMOR		70	4. USUAL RESIDENCE (	13 /65 Where deceased lived. If	institution; residence before admission
PITAL OR			on, give street	M. STATE B. CO	Hnne,	Arundel
						52-10
NIVER	LITY	HOSPI	TAL	D. STREET ADDRESS	(If rural, give location)	
	RACE W	7 MARR	IED NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
ing most al war	king life, even if re	tired)			foreign country)	12. CITIZEN OF WHAT COUNTRY?
	10111				NAME	4/3//
den A	talling,	2		Alice	Bramble	
			16. SOCIAL	17. INFORMANT		ADDRESS
or unknown) (II	yes, give war	or dates at servi	SECURITY NO.	Wife -	Cordelia	stalling - sa
× 0 /	XI	1	CAUSE			INTERVAL BETWEEN ONSET AND DEATH
				Brush Ton		3 who
				pa enn / nn	navy	
			ose,			
AN	TECEDENT CA	USES	(B)		# ***** (** * * * * * * * * * * * * * *	
			ring			
			The (C)		***************************************	
SEASE OR CO	NDITION CAU	SING IT.				
		S PERFORMED		Yes o		E FINDINGS CONSIDERED CAUSES OF DEATH?
	WAS UNDERLY		21 B. PLACE OF INJURY (e.g.	, in ar about 21 C. WHERE DI	D (If in Boltim	note City, give exact location)
ATH (notify me	edical examiner)		etc.)	Sea Committee		
	Month) (Doy)	(Year) (Hour)			INJURY OCCUR?	
PROX.)						
I certify the	ot (1) (this ho	spital) attend	ed the deceased from		19 6 1 to	
t (1) (we) lo	st sow the de	ceased alive	on 3	3 19 6 5 and	d that in (my) (our) o	pinion deoth occurred on the do
hour and fi	rom the couse	s stated abov	e. (I) (We) (did) (dld not			
. SIGNATURE			11.5	Marie and		23B, DATE SIGNED
hount	uers' 1	ungu	rolliven M.D.	Attending Med. Thys. Director	Stoff Phy s.	3.13.65
	5			23D. ADDRESS	.,	
PHYSICIAN'S	)			D. un'uev	mily Horn	n1
HAVATO		VANGV	UDHIRAN M.		(	112
NAME (Type HAVATO	TION 248 DA			CREMATORY 241		(City, town, or county) (State)
NAME (Type	TION 248 DA			EN Memorial		(City, town, or county) (State)
NAME (Type HAVATO	ATION, 248. DA			25C. FUNERAL DIRECT	Slen Bir	(City, town, or county) (State)  ADDRESS  nnapolis, Md.
Sen TOSA A A D P	DISEASE  DISEASE  THER SIGNIFICATION  SEASES OR  In the Indian of the In	GLAL OCCUPATION (Give kind wing most all warking life, even if the state of the sta	Oddress or location)  NIVERSITY  HOPP  6. RACE  WIDO  WIDO	ANTECEDENT CAUSES   SEASES OR CONDITION   Sexual of which caused death.)   ANTECEDENT CAUSES   SEASES OR CONDITION   Side   Sease   Sease	L NAME OF (If not in hospital or institution, give street oddress or location)  NIVERSITY HOSPITAL  C. CITY OR TOWN (IN AMARIED DIVORCED SPECIAL DIVORCED SPECI	L NAME OF (If not in haspitel or institution, give street odderess or location)  WIVERLITY ## ## ## ## ## ## ## ## ## ## ## ## ##



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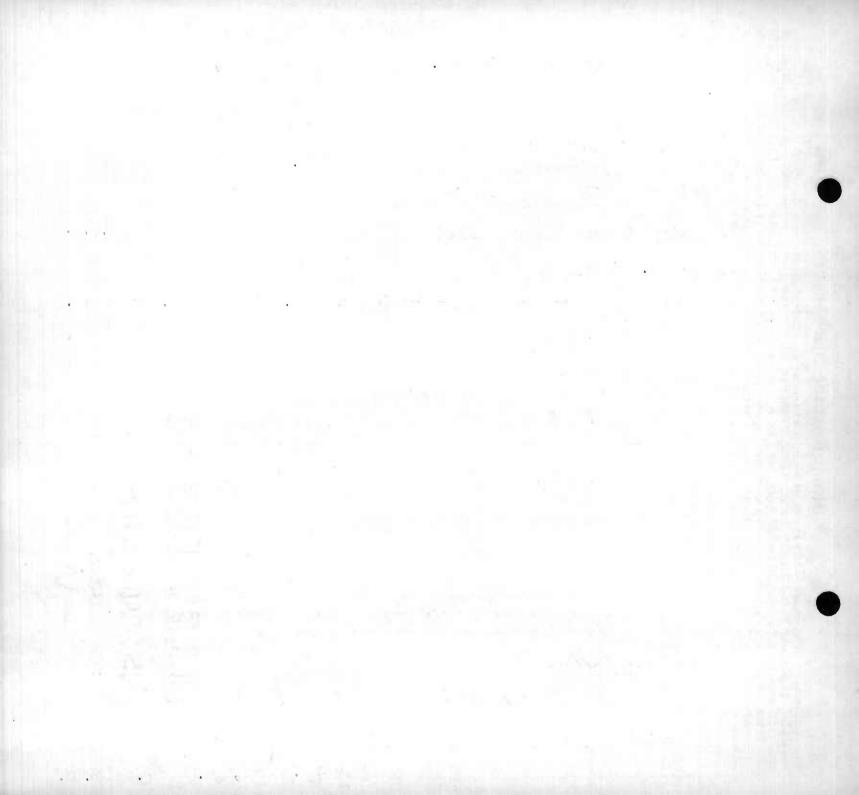
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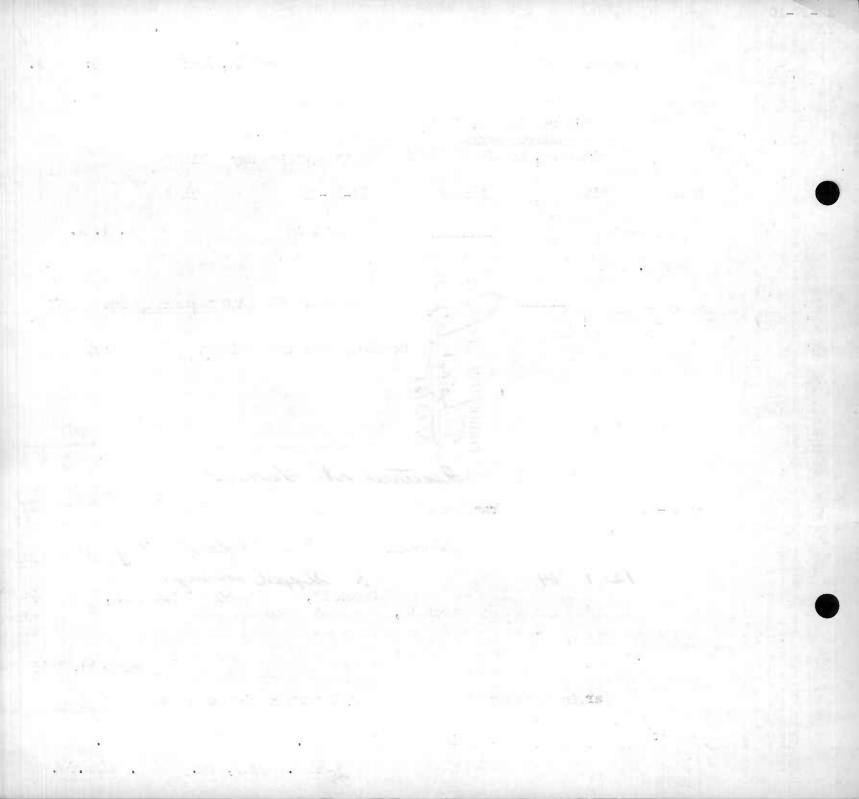
1	BALTIMORE CITY HEALTH DEPARTMENT
6-100	BIRTH NO. 65 2838 CERTIFICATE OF DEATH Registered No. 65 2838
ph e th	M.E. CASE NO.
of deat of deat Decease e on th	(Type or Print) CAVE, THELMA R. 3-16-65 2.05 Am.
5 6 6	3. PLACE OF DEATH IN BALTIMORE, MARYLAND   4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
2 000	A. STATE B. COUNTY
hos Jse (5)	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
cause cause ise; (5) endan	BALTO: 3/
d in a nag cause; cause; cartend	D. STREET ADDRESS (If rurol, give locotion)
	CHURCH HOME & HOSPITAL 1065. REGISTER SI 31
ibutined de para	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
n occurrection occ	F WIDOWED, DIVORCED (specily) 1-22-10 lost birthdoy Months Doys Hours Min,
o Co	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
T 0 E 6 5	done during most of working life, even if refired)
dead Cund as i	13. FATHER'S NAME
(4) (4)	
	HENRY CLAY OUP  15. Was Deceased Ever in U. S. Arméd Forces?  16. SOCIAL  17. INFORMANT  17. INFORMANT  18. INFORMANT  18. INFORMANT  18. INFORMANT
AN stan stan ind; e of e of	(Yes, na or unknown) (If yes, give wor or doles of service) SECURITY NO.
RT Ssissis that the day of the da	232-26-4596 NOV F. Cave 106 S. Regrestars
IMPORTAN or his assistant Also, if the di of any kind; ounced death ittendance on	15. Was Deceased Ever in U. S. Arméd Forces? (Yes, na or unknown) (If yes, give wor or doles of service)  18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  16. SOCIAL SECURITY NO. 232-26-4596 POV F. Cave 106 S. P.298 1-219 S. P.29
his lso, of a unc	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  RT 0 0 F ROTIVE
Als Als	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
A: A: Orto	
Miner of tracture of pronce of pronce of embalm	ANTECEDENT CAUSES  (B) PHEWMONIA
0 0 5 4 5 0 0	DISEASES OR CONDITIONS, if any, giving
ex (S)	rise to the obove couse (A) sloting the (C)
	UNDERLYING CONDITION lost.
- Paris ≯E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
A med hy	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chief re m Body by the playsicial	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
S chi	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
FU the (2) (2) ere o ph	OP CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion)
	DEATH (notify medical examiner)
ved by hospite nature; ept wh	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
họ họi cá trung thái cá trung thái các trung thái c	OF INJURY (APPROX.) While At   Not While   Work   At Work
proved the hos ny nat except and (6	22. I certify that (I) (this hospital) attended the deceased from 3-13 1965 to 3-16 1965,
dapp to the fan	that (1) (we) last sow the deceased alive an 3-16 19 65 and that in (my) (our) opinion death occurred on the date
~ 0 9 5 7	and hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.
ust be assed dent ospir deat must	23A. SIGNATURE
- 0.= c A	A D Abording T Adad T Shill T
E O U n + D	23C. PHYSICIAN'S  23D. ADDRESS  23D. ADDRESS
was r An a L at o prior	23D. ADDRESS NAME (Type)  R R R R R R R R R R R R R R R R R R R
	LINRAIM S. DARZAGE CHURCH HOME , HOS P.
£ 200°	24A. BURLAL CREMATION, 24B. DATE 24C. NAME et CEMETERY et CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Borial 3-18-6 Cedar Hill Cem. Balto, Co. Md.
This the show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F = ₩ ₹ Ø ₹	MAR 10 1960 (R. C. GIE Fr. C. II) I Deport Pores. 1800 E Lamberd St.
over	VS 150-REV. 1/1/65

3/24/65 - Date of Operation -3/16/65 Condition for which operation was performed -1. Incarceraled incisional aentral herman standard to the st

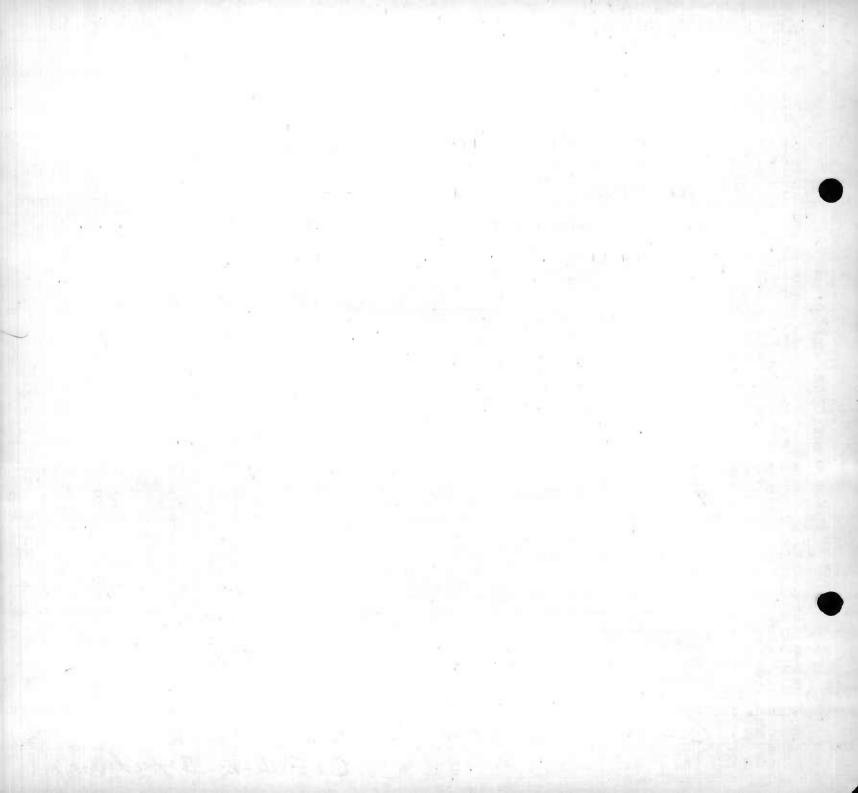
telement , ship haply Hollion Trank & Man Borner , 19 Conquera Kens to a property Regentaled Wheeler " with its retrote line in it year f. puint church thous + they see for IT CESAR R-BARBE

1 09.1 A	BALTIMORE CITY	HEALTH DEPARTMENT		05 00 10	
M= DEB 25 MLE CASE NO. 65 2840	CERTIFICA	TE OF DEATH	Registered No.	65 2840	
1. NAME OF DECEASED (Type or Pant)    Description	er Sr.		h 12. 1965	nstitution: residence before admission	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived, 11 i	nstitution: residence before admissio	
FULL NAME OF (If not in hospital or institution, gr	ve street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
		Baltimore			
0 2.	ome		rurol, give locotion) en Avenue		
5. SEX 6. RACE 7. MARRIED, N. WIDOWEO, WIDOWEO, N. WID	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Ooys Hours Min.	
Male White Man	rried	8/22/90	74		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
Steel Worker	Steel	Maryland		U.S.A.	
13. FATHERS NAME		14. MOTHERS MAIDEN NA	ME		
Steel Worker  13. FATHERS NAME  Henry J. Weider  15. Was Decoded Ever in U. S. Armed Forces?		Genevieve	Rolz		
(Yes, no or unknown) (If we give wor or dotes of service)	6. SOCIAL SECURITY NO.	Genevieve 17. INFORMANT	Dong.	ADORESS	
15. Was Decoved Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or doles of service)  18.	213-07-6086	Barbara A. Wei	der 777 N	Decker Ave.	
no ————————————————————————————————————	CAUSE O			INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foifure, osthenia, etc. It means the disease, injury or camplication which caused death.)		ecumia re		ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying e.g.	(A) Car	cournes r			
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or camplication which caused death.)	DUE 10				
E 0 3 E	( R)				
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	OUE TO			······································	
_ O I rise to the obove cause (A) stating the	(C)				
ONDERCTING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.			115		
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	208, IF YES, WERE	FINDINGS CONSIDERED	
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF borne, etc.)  21D. TIME (Month) (Dov) (Year) (Hourd 21E. I	PLACE OF INJURY (e.g., ir , form, foctory, street, of	n or about 21C. WHERE DID in this bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)	
OF INJURY (Month) (Doy) (Year) (Hour) 21E, I	INJURY OCCURRED	21F. HOW OID IN	URY OCCUR?	3 7 20	
0.64	At Work		1-		
		A 1.000		Harch 12 1965	
that (I) (we) last saw the deceased alive an	Macch 1	19.65 and th	nat in (my) (aur) ap	Inian death accurred on the do	
	(We) (did) (did not) v	iew the bady after death.			
- SPE / 2 / 3// 3-/	A4 5 A40	ration - Mand -	Sac#	23B. DATE SIGNED	
= 0 = Okavis Orhantin		Med. Director	Stoff Phys.	Mar 15, 1965	
23C. PHYSICIAN'S NAME (Type) CHARLES C MACI		23D. ADDRESS	2	- 1	
	MINN M.D.	2900 7	dallines	re of	
PENACY A I (Speciful)	ME of CEMETERY of CRE	MATORY 24D. I	OCATION (C	ity, town, or county) (Stote)	
Burial 3/16/65 Hod	Lu Redeemen	Cemeteru	Baltimone	Manuland	
244. BURIAL CREMATION, 248. OATE 24C. NAV. REMOVAL (Specify)  Burial 3/16/65 Ho.)  25A. OATE REC'D BY HEALTH DEPT. 25B. NAME OF MAR 1 6 1965		25C. FUNERAL DIRECTO	1	ADDRESS	
> IN WILL I DOOR OF STORY	Enn	John A. Mon	an 120 200	0 6 0 11 51	

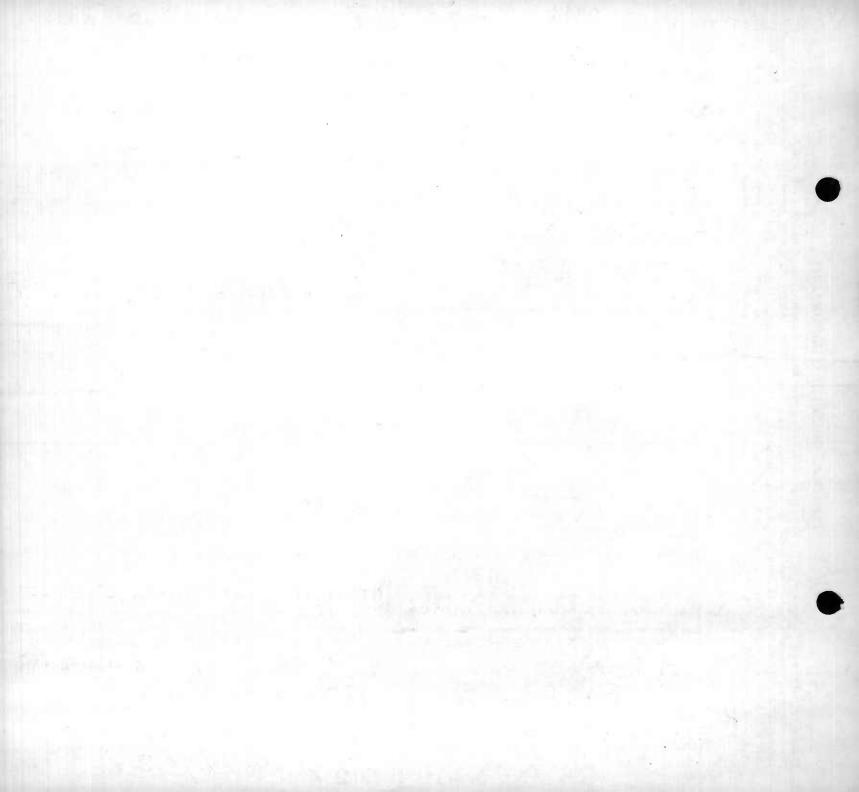




MALE NEGRO MARIED 3-8-95   Bot bindhody Of Poly Hours   Mark ED   12. CITIZEN OF NUT   Mark ED   12. CITIZEN OF NUT		OF 00 10	BALTIMORE CIT	Y HEALTH DEPARTMENT	00
Type of Polath in Baltimore, Markland  T. Race of Death in Baltimore, Markland  T. Richard of Death in Baltimore, Markland  The Markland of Hospital Ceremony and Company of Hospital Ceremony of Hosp	M.E. CA	ASE NO.	CERTIFICA		.50.712
TULL NAME OF MOSPITAL OR MARKED MOSPITAL DISTRIBUTION OR CHIEF OF THE MOSPITAL OR MARKED	Туре ог	or Print) William		7 7 mm 3/11	1/65
JOHNS HOPKINS HOSPITAL  D. STEET ADDRESS III ROOK give locations 203 PHEBUS AVENUE  NEGRO  MALE  NEGRO  MARKELD, NIVIC AMARKED WOOND DIVOTACIO (specify)  MARKELD NO ANTO FIRTH  JOHNS HORSE NAME  MARKELD NIVIC AMARKED WOOND DIVOTACIO (specify)  JOHNS HOPKINS HID OF BUSINESS OR INDUSTRY  LEVATOR OPERATOR  HOTEL  MARYLAND  LEVATOR OPERATOR  FOR BUSINESS OR INDUSTRY  LEVATOR OPERATOR  WAS DRESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  J. MOTHERS MANDEN NAME  HARRIET WEEDEN  AND RESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  MARYLAND  LEVATOR OF PERATOR  WAS DRESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  WAS DRESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  J. MOTHERS MANDEN NAME  HARRIET WEEDEN  AND DRESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  JULY AND DRESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  JULY AND DRESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  JULY AND DRESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  J. MOTHERS MANDEN NAME  HARRIET WEEDEN  AND DRESSANDER TO BUSINESS OR INDUSTRY  LEVATOR OF PERATOR  JULY AND DRESSANDER TO BUSINESS OR INDUSTRY  JULY A	FULL	L NAME OF (If not in hospit SPITAL OR address at laco	tol or institution, give street	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits,	Frederick
MALE NEGRO  MARRIED  3-8-95  MARRIED  3-8-95  MARRIED  3-8-95  MARRIED  3-8-95  MARRIED  3-8-95  MARRIED  3-8-95  MARRIED  12. CITIZEN OF  WART COUNTERY  WAST COUNTERY  U.S.A.  MARYLAND  WAST COUNTERY  U.S.A.  MARYLAND  MARYLA	3	JOHNS HOPKI	INS HOSPITAL	D. STREET ADDRESS (If rural, give location	
S. FATHERS NAME   14. MOTHERS NAME   15. WEEDEN   15. SOCIAL   17. INFORMANT   15. WEEDEN   16. SOCIAL   17. INFORMANT   16. SOCIAL   17. INFORMANT   16. SOCIAL   17. INFORMANT   18.   16. SOCIAL   17. INFORMANT   18.	MAI	LE NEGRO	WIDOWED, DIVORCED (specify)  MARRIED  WORK 10B, KIND OF BUSINESS OR INDUSTR	3-8-95   lost birthdoys	Months Days Hours Min.
WILLIAM H. GARNER, SR.  HARRIET WEEDEN  15. Was Deceased Even in U. S. Armed Forces?  16. SOCIAL  Many F. Garner - 203 (Prefer to Note	ELE	VATOR OPERATOR	HOTEL		U.S.A.
18. / 45   O   O   O   O   O   O   O   O   O	13. FATE		H. GARNER, SR.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nol mean the mode of dying, e.g., heard failure, astherio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION SCANTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION SCANTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  WAS PERFORMED  UNDERLYING CAUSES OF DEATH OR CAUSE OF DEATH OR CONDITION TO THE CONDITION SCANTRIBUTING CAUSES OF DEATH?  OF A CONTRIBUTING CAUSE OF DEATH OR CONDITION SCANTRIBUTING CAUSES OF DEATH?  OF A CONTRIBUTING CAUSE OF DEATH OR CONDITION SCANTRIBUTING CAUSES OF DEATH?  OF A CONTRIBUTING CAUSE OF DEATH OR CONDITION SCANTRIBUTING CAUSE OF DEATH?  OF A CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH?  OF A CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTION SCANTRIBUTING CAUSE OF DEATH?  OF A CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTION SCANTRIBUTING CAUSE OF DEATH?  OF A CONTRIBUTING CAUSE OF DEATH OR CAUS	15. Was (Yes, no	s Deceased Ever in U. S. Armed arunknown) (II yes, give war or d		Mary F. Garner -	203 Phehro ave
(This does not mean the mode of dying, e.g., head failure, ashenic, elst II moons the disease, injury or complication which caused doesh.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving mise to the obove cause (A) stating the UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  12  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED WA	18.	DISEASE OR CONDITION I	DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING CONDITION IOSI.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED AND CONTRIBUTING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITION OF CAUSING THE DISEASE OR CONTRIBUTING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DISEASE OR CONDITION OF CAUSING THE DISEASE OR CONTRIBUTING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DISEASE OR CONDITIONS CONSIDERED THE DISEASE OR CONTRIBUTING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DISEASE OF CONTRIBUTING CAUSES OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DISEASE OF CONTRIBUTING CAUSE OF DEATH?    OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DISEASE OF CONTRIBUTION OF THE DISEASE OF CONTRIBUTING CAUSE OF DEATH?    OTHER SIGNIFICANT CONTRIBUTION CAUSE OF DEATH?   OR CONTRIBUTING CAUSE OF DEATH?   OR CONTRIBUTING CAUSE OF DEATH?   OR CONTRIBUTING CAUSE OF DEATH?   OR CONTRIBUTION CAUSE OF DEATH?   OR CO	hed	and failure, as the nio, etc. It meo jury or complication which caus ANTECEDENT CAUS ISEASES OR CONDITIONS, i	ons the disease, sed death.) SES (B) DUE TO DUE TO	osion læge arten	y same
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bldg, INJURY OCCUR?  DEATH (notify medical gxaminer)  21D. TIME (Manith) (Day) (Year) (Haur) 21E. INJURY OCCURED   While At   Nat While   At Wark   Nat Wark   At Wark   Nat Wa	NO TO	NDERLYING CONDITION Iosi.  II  THER SIGNIFICANT CONDITIONS O THE DEATH BUT NOT RE	CONTRIBUTING		
DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  21E. INJURY OCCURED While At Work  At Work  22. I certify that (I) (this hospitol) ottended the deceosed from 19 0 ond that in (my) (our) opinion death occurred on the downward of the deceosed olive on ond hour and from the causes stated above. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  PAUL M. LEAND  M.D. Attending Med. Director Phys.  23D. ADDRESS.  N.D. Johns Hype  24D. LOCATION (City, town, or county)  PAUL M. LEAND  24C. NAME of CEMETERY of CREMATORY  Attending  PAUL M. LEAND  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  Attending  PAUL M. LEAND  A. BURIAL CREMATION, 24B. DATE  24D. LOCATION (City, town, or county)  Attending  PAUL M. LEAND  A. BURIAL CREMATION, 24B. DATE  24D. LOCATION (City, town, or county)  Attending  PAUL M. LEAND  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  ATTENDATION  ATTE	2	2/18 /65 WASP	Cancelousely me	out ys IN CERTIFFING	CAUSES OF DEATH?
22. I certify that (I) (this hospital) attended the deceased from 1965 to 3/6/2019 that (I) (we) lost sow the deceased alive on 3/6/2019 ond that in (my) (our) opinion death occurred on the one ond hour and from the causes stated above. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE    Attending   Med. Director   Staff   Staff	AEDICA 010 010	D. TIME (Manth) (Day) (Yes	or) (Hour) 21E INJURY OCCURRED  While At   Not W	21F. HOW DID INJURY OCCUR?	
23A. SIGNATURE  Paul M heard M.D. Attending Med. Director Staff  23C. PHYSICIAN'S NAME (Type)  PAUL M. LEAND  M.D. Johnsty  PAUL M. LEAND  23D. ADDRESS NAME (Specify)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  Paul M. Leand  24D. Location  City, town, or county)  Treductor  Paul M. Leand  Pau	tho	ot (I) (we) lost sow the decea	osed olive on 3/10	19 63 ond that in (my) (our	opinion deoth occurred on the d
PAUL M. LEAND M.D. Volume of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  Junial 3-15-65 St John Frederick M	23A.	A. SIGNATURE Paul	111	ttending Med. Stoff hys. Phys.	3/1/65
Burial 3-15-65 St John Frederick %		PAUL M.	LEANU	Johnstopken	(City, town, or county) (State
- C7	3	removal (Specify)	25B. NAME OF REGISTRAR	Frederic 25C. FUNERAL DIRECTOR	k md



- 0042	BALTIMORE CITY	HEALTH DEPARTMENT		CE 9040
ыяти но. 65 2843	CERTIFICA	TE OF DEATH	Registered No	65 2843
M.E. CASE NO.  1. NAME OF DECEASED	() 7-	2. DATE AN	D HOUR OF DEATH	
(Type or Print) VIOLE M.	WhITE	3 -		S 1 3 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission
FULL NAME OF (If not in hospital or institution, gr	ve street	Wq.		8-06
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (II ou	tside city limits, write I	RURAL and give township)
1623 N. Wolfe	<t.< td=""><td>DALIO.</td><td></td><td></td></t.<>	DALIO.		
1623 N. WOITE	21	1000 000 100	rural, give location)	CYC
SEX 6. RACE 7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yi., If Under 24 Hrs.
	DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ian country)	12. CITIZEN OF
done during most of working life, even if retired)		RAITO.	nd	WHAT COUNTRY?
LAUNAPESS (R)		DIT LA ALDEN NA	115	
		14. MOTHER'S MAIDEN NA	2	
DAMUEL MOORE	3 (		•	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	John H. W.	1 to 110.	ADDRESS
No			1116 162	No Wolfe SI
18. 421.4		F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ch.	ron'c Valou	las ble out	
(This daes not mean the made of dying, e.g.,	DUE TO	cares d'acras	Sactor	
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			Vislase	7
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·	M widowid
DISEASES OR CONDITIONS, if any, giving	DUE TO			
tise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	**************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	FINDINGS CONSIDERED
<u> </u>	DIACE OF INITION/	NO an about 21 C WHERE DID		
	, lorm, foctory, street, o	ffice bldg., INJURY OCCUR?	tti in Bollimore	City, give exact location)
U	INJURY OCCURRED	015 110111 515		
S OF INJURY		21 F. HOW DID INJ	ORT OCCUR!	
(APPROX.) Work				
22. I certify that (I) (this hospital) attended the	10		1964 to Mu	
that (I) (we) lost sow the deceased alive on	morch 12	19.60 ond th	ot in (my) (our) api	nion death accurred on the dat
ond hour and from the couses stated above. (1)	(We) (did) (deduct)	view the body ofter death.		
23A. SIGNATURE	44 D A44	andino CD at Ata-d	Staff -	23B. DATE SIGNED
J. M. Wlaus	M.D. AH	ending Med. Director	Stoff Phys.	March 16-65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Dunalt of	A
I.K. HDAM	S M.D.	ITTY N,	intul	61.
24A. BURIAL CREMATION, 24B. DATE 24C. NA. REMOVAL (Specify)	17			ty town, or county) (State)
BURIAL 3-18-65 M	T. CALY.	ARY	9. A. COUN	ly, md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	0101	ADDRESS
MAR 1 6 1965 Polyali,	C. Marian	a seglista	archi.XI	1304 11- Central
VS 150-REV. 1/1/65	100	160		



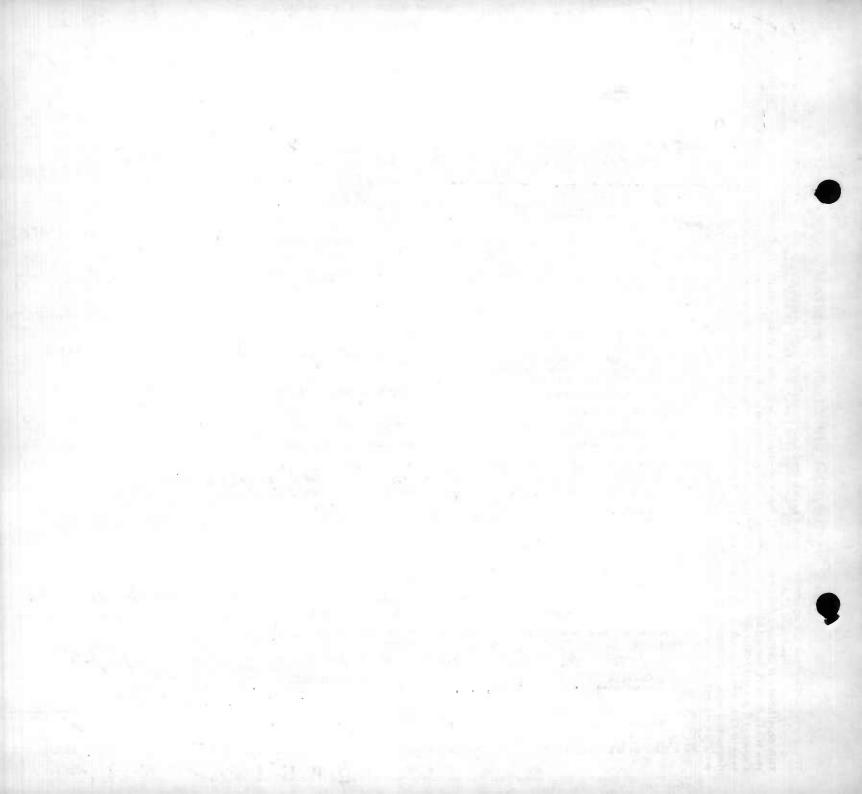
	EATH IN BALTIMORE, MAI		wick) 3-	ND HOUR OF DEATH  12 - 65  Pre deceased lived, If instinty	tulion: residence before odmi
FULL NAME HOSPITAL OR INSTITUTION			BALTIMOR  D. STREET ADDRESS (IF		5-01
5. SEX MALE	6. RACE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months; Doys Hours; M
done during most o	f working life, even if retired)	108, KIND OF BUSINESS OR INDU	MARYLAND		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NA	D SAUNDERS		GENEVIEVE		
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Ford (If yes, give wor or dote	ces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Flaunder	200M Chean
rise lo II UNDERLYIN	OR CONDITIONS, if of the obove cause (A) IG CONDITION lost.	staling the (C)	Status epillep.	heu C.	
DISEASE OF THE PROPERTY OF THE	CONDITION CAUSING I'DE OPERATION 198. CON WAS PERFORMED TO THE CONTROL OF THE CON	T.  DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?  City, give exoct locotion)
OR CONTRIE	fy medical examined				
OR CONTRIE DEATH (notif) 21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Work			
OR CONTRIED DEATH (not)  OD 21D. TIME OF INJURY (APPROX.)  22. 1_certife that (1) (ween that (1) (ween that (1))	y that (1) (this haspital of the couses stated t	(Hour) 21E INJURY OCCURRED While At Work  Onto At V  Onto At V	While □ 3-3-6 5-05 19 ond t	.19to3- hot In(my) (our) opinio	12 - 65 19 on death occurred on the 38. DATE SIGNED 3 - 12 - 65 -

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THE THE STATE OF THE STATE OF BELLEVILLE

/	1125	65 2845 BALTIMORE CITY HEA	LTH DEPARTMENT 65 2845
+	455	BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
1		M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
		(Type or Piint)  John Fleming	March 13, 1965 2:00 P
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, with RURAL and give to wanted)
		HOSPITAL OR ADDRESS OR LOCATION)	Baltimore Baltimore
	10	1737 E. North Avenue	D. STREET ADDRESS (If rurol, give locotion)
-			1737 E. North Avenue
		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
		Male Negro SIHE/E	YTI. BIRTHPLACE (State or foreign country)  12. CITIZEN OF
		done during most of working life, even if retired)  CANNET  Food	BALTIMONE MA WHAT COUNTRY?
		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		CECIL FIEMING	Grace Johnson
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17 NORMANT ADDRESS
		ITB. CALLS!	Trace 737 E. Horth AVE.
		E 768.0	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Chron:	ic Urinary Tract Infection
		(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
		ANTECENDENT CAUSES Ou ad-	wanlania
		(R) Quau.	raplegia ture of Cervical Vertebrae with
		0	ression of Spinal Cord.
		(c)Comp:	
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
		DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED
		WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
		21A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB-	in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
		UTING CAUSE OF DEATH.  Home  Home	Unknown 💍 🔾
		25 Miller (Month) (Doy) (Teon (Hour 21E Milder Occorred	WHILE K Fell down stairs.
		22.	WHILE Fell down stairs.
		I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my apinian
		resulted fram: Natural causes Accident	CHIEF MEDICAL EXAMINER
		ACTUAL Chal I fully HO	DATE SIGNED
		EXAMINER'S	ASSOCIATE MEDICAL EXAMINER (3/14/65)
		NAME (Type) Charles S. Petty, M.D.	
		REMOVAL (Specify)	CELL Meet To The Mand
		24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS 1/29
		MAR 1 6 1965 Relat E. Salkey M.	wint- 5- Elider Melvalis
		VS 151-REV. 1/1/65	The S. Samuel IV. Cololla.
		NO BIN	

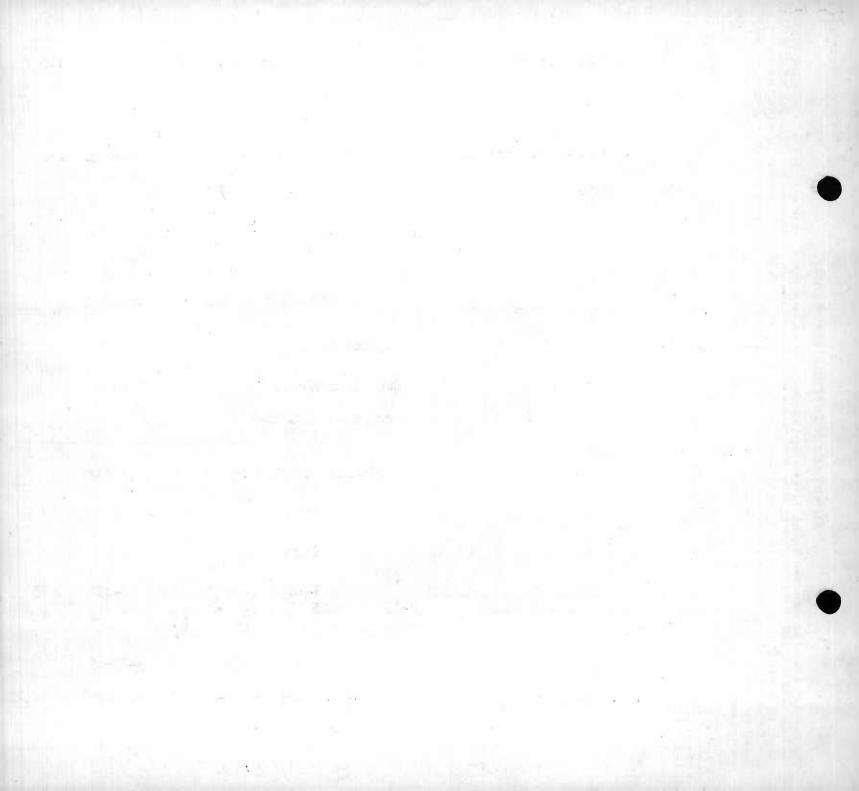
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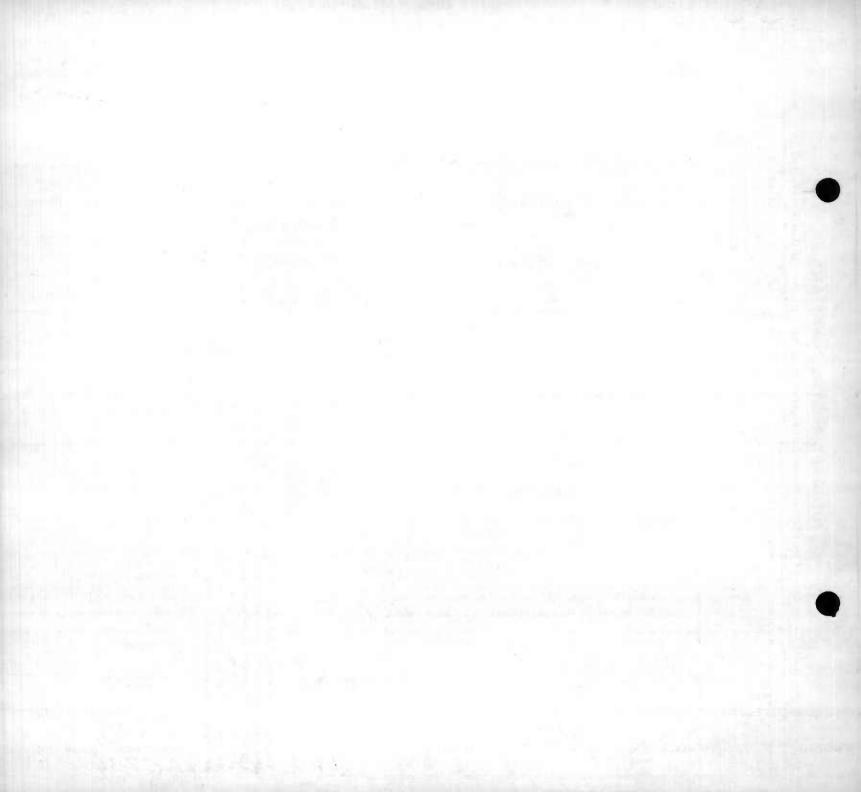
1	65 2847 BALTIMORE CITY HEAL	TH DEPARTMENT 65 2847
X626	MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No.
0	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	KING S. PARKER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	March 13, 1965 4:40 P M.  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
		A. STATE Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION	C. CITY OR TOWN (Il autside carparate limits, write RURAL and give township)
	Bon Secour Hospital	D. STREET ADDRESS (If rural, give location)
57	Bon Becodi Nospital	2013 W. Saratoga St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(Specify)	B. DATE OF BIRTH  9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
	Male Negro Marnie of Normie of Industry	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF
	dane during most of working life, even it retired) Chemical Plant	Balto, Md. WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL	HELEN LOONAS ADDRESS
	(Yes, na arunknawn) (II yes, give war ar dates of service) SECURITY NO.	Mantanie Panker 9/12/11/5 Constant SX
	18 CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., head follure, asthenia, etc. It means the disease, injury at complication, which caused death.)	Subdural Hematoma and Fractured
	injury ar complication which caused death.)	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
	₹ 21 A, EXTERNAL CAUSE WAS   21 B, PLACE OF INJURY (e.g.,	n ar obaut 21C. WHERE DID (II in Baltimore City, give exact location)
	UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH.    hame, form, factory, street, a	Injury occur?  4 S. Payson Street
	21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
		WHILE X Fell down stairs.
	22. I certify that I held an Inquiry Inspection Aut	opsy ond that on this basis, death in my opinion
	resulted from: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	ACTUAL Phanes Feet	ASSISTANT MEDICAL EXAMINER X  DATE SIGNED
The state of the s	EXAMINER'S Charles C. Botto M. D.	ASSOCIATE MEDICAL EXAMINER 3/14/65
	NAME (Type) Charles S. Petty, M.D.  23A. BURIAL CREMATION, 23B. DATE / 23C. NAME/OF GEMETERY OF	
	REMOVAL (Specify)	Men Billo Mit.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	MAR 1 6 1965 102 Pro 15 & January	William to and blown 210 N Calmater

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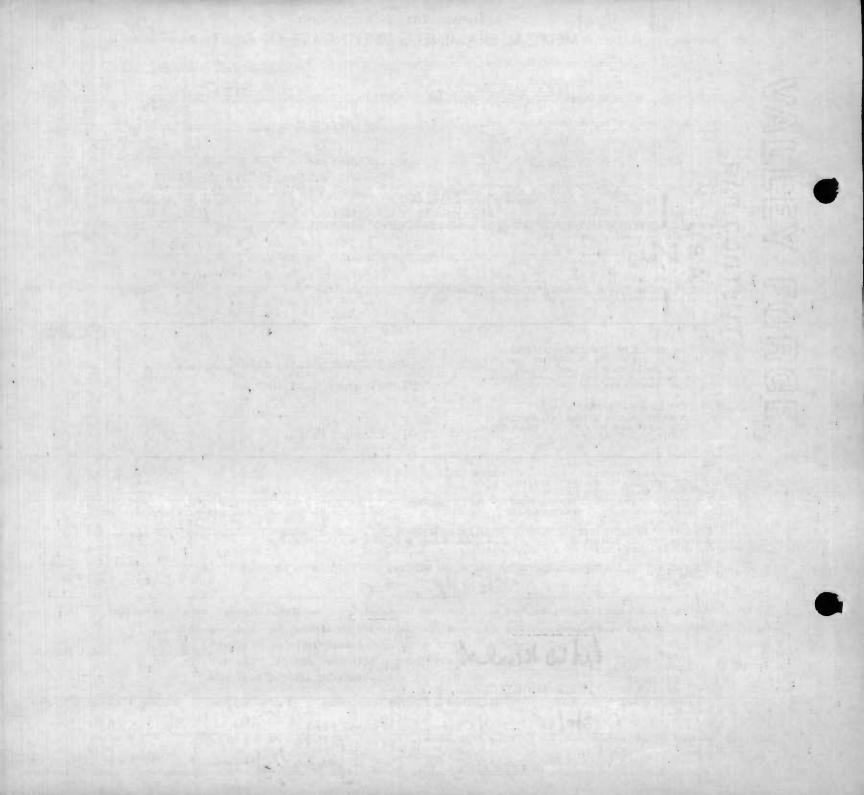


FULL NAME OF MOSPITAL OR (If not in baspilet or institution, give steed oddress or locosion)  Natifulion  South Bath, more General Hospital or institution, give steed oddress or locosion)  South Bath, more General Hospital or oddress or locosion  S	FULL NAME OF ORDERS OF CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO CONDITION DIRECTLY LEADING CONDITION CAUSES OF DIRECTLY DI	M.	CERTIFICAL CERTIFICATION CERTIFICAL CERTIFICATION CERTIFICA	ATE OF DEATH  2. DATE AND HOUR OF DEATH  214 - LX	'30 P
SOUTH BATHERS NAME    S. SEX   S. RACE	SOUTH BATTON RECONSTRUCTION  S. SER  6. BACE  MARRIED, NEVER MARRIED  MORRIED  MARRIED, NEVER MARRIED  MORRIED		FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN III outside city limits, write RURAL and give	2-1
IOA USUAL OCCUPATION (Give kind of work) Total Name of work) Total Name of working the same aftering of what is not same aftering to the same aftering the same aftering to the same aftering the same aftering the same aftering to the same aftering the	WIDOWED DIVORCED (specify)  WHAT COUNTRY?  WHAT COUN		South Baltimore General Hospital	7	K H-d 24 1
13. FATHERS NAME	13. PATHERS NAME		WIDOWED, DIVORCED (specify)  WIDOWED  USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR  during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF	F
15. Was Decessed Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18.   APPLICATION   18.   APPLICATION   18.   APPLICATION   APPLICATI	15. Was Deceased Ever in U. S. Amad Forces? (Trean, or unknown)   16   17. INFORMANT   18.   18.   18.   19.   1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., hoof failure, asthenia, etc. It means the disease, injury or complication, which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) slating the UNDERLYING CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH ROT DISEASE OF CONDITION FOR WHICH OPERATION  20.A. AUTOPSTY (Ves or No.)  21.A. ACCIDENT WAS UNDERLYING DEATH?  21.A. ACCIDENT WAS UNDERLYING DEATH?  21.A. ACCIDENT WAS UNDERLYING DEATH.  21.B. PLACE OF INJURY (e.g., in or about 21.C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  21.B. PLACE OF INJURY (e.g., in or about 21.C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  22.A. AUTOPSTY (Ves or No.)  22.D. TIME (Month) (Doy) (Yeor) (Hour) 21.E. INJURY OCCUR?  While AI Not Work DEATH Work DID INJURY OCCUR?  While AI Not Work DEATH Work DID INJURY OCCUR?  While AI Work DID INJURY OCCUR?  WHILE AID INJURY OCCUR?  WHILE AID INJURY OCCUR?  WHILE AID INJURY OCCUR?  W	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart standard to the disease, injury or complication which caused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERTHING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION FOR WHICH OPERATION  DISEASE OR OR OPERATION THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITIONS CONTRIBUTING THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION TO CAUSE OF THE DISEASE OR CONDITION CAUSING THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  DIS	1S. (Ye		17. INFORMANT ADDR	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION to asis.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE DR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locohon) home, form, foctory, street, office bidg, layer of Injury occur?  OF DEATH (notify medical examined)  21D. TIME (Month) (Dey) (Yeor) (Hour) 21E. INJURY OCCURRED While AI Work AI WO	ANTECEDENT CAUSES  B  DUE TD  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONTRIBUTION (PREFORMED)  WAS REFORMED  21A. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONTRIBUTING CAUSES OF DEATH?  OTHER SIGNIFICANT CONDITION CONTRIBUTION CAUSING IT.  OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTION (If in Boltimore City, give exact locohon) to the certification of the control of the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., DUE TO heort failure, astherio, etc. It means the disease,	ACCIA	AND DEATH
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21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING   CAUSE OF   DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At   Not While   Not While   Not While   Not While   Not Work	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact location)  OR CONTRIBUTING   CAUSE OF   home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. tNJURY OCCURRED   While At   Not While   At   Work   At Work	FICATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION		DERED ?
21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While At Not While At Not While At Not Work 22. I certify that (I) (this hospital) attended the deceased from 1965 to 1965 that (I) (we) last saw the deceased alive an 3/4/1965 and that in (my) (our) opinion death occurred on the ond hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death.  23A. SIGNATURE  M.D. Attending Med. Staff Phys. 23B. DATE SIGNED 3-14-65  23C. PHYSICIAN'S	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY (APPRDX.)  21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED While At Work 21E. INJURY OCCUR?  While At Work 22. I certify that (1) (this hospital) attended the deceased from 1965 to 1965 and that (1) (we) last saw the deceased alive an 1965 and that in (my) (our) opinion death occurred on the ond hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  M.D. Attending Med. Stoff Phys. 23D. ADDRESS NAME (Type)  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  M.D. CREMATION, 24B. DATE (Specify) (City, town, or county) (Signature) (Signat	AL C	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	t tocotion)
that (1) (we) last saw the deceased alive an	that (1) (we) last saw the deceased alive an		OF INJURY While At Not WI	nile —	
23A. SIGNATURE  Altending Med. Stoff Director Phys. 23B. DATE SIGNED  3-/4-65  23C. PHYSICIAN'S	23A. SIGNATURE  A.D. Attending Med. Stoff Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  M.D. 23D. ADDRESS  M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Signed)		that (1) (we) last saw the deceased alive an 3//	4 1965 and that in(my) (our) opinion death occ	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (SI		23A. SIGNATURE John Weegly M.D. A PI	Itending Med. Stoff Phys. 23B. DATE SIGN	4-65

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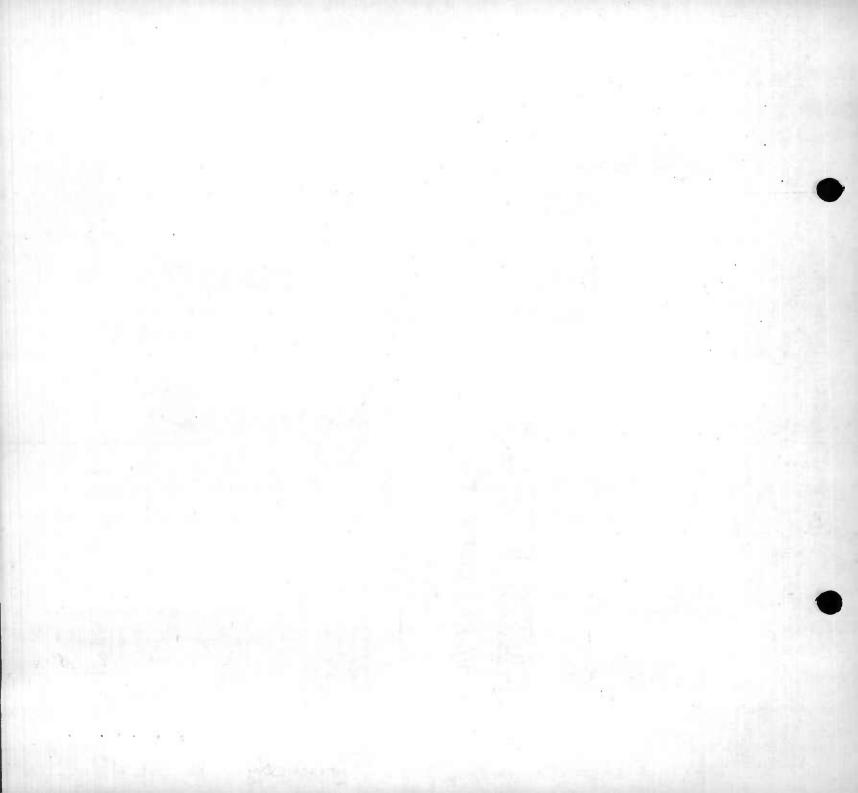
M.	E CASE NO.							
	NAME OF DEC	CEASED	II TOTAL	THE ENTREE	BOATS B	2. DATE AN	ND HOUR PRONOUNCE	D DEAD
1.7		ROBI	ERT WESI	EY SCEARCE			3-8-65	12:30 P. M.
3. 1	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before ode A. STATE  B. COUNTY			
	1 NAME OF	HE NOT IN HOSPIT		IDON CIVE CTORES	Marylan	nd	<b>3.</b> COO	
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TO	WN (If outside	de corporate limits, write	RURAL and give township)		
INS	TITUTION				Baltimo	ro		4-01
	402 W	. PRATT STREE	ET		D. STREET ADD		, give location)	
					402 W.			1
5. 5	EX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
				PIVORCED (specify)	+mg -)	911	lost birthdoy	Months Doys Hours Min.
	Male	White	M	larried	1-21-1	111	43	
		JPATION (Give kind of wor working life, even if retired)	KIND OF	BUSINESS OR INDUSTR	YIT. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	e coming most of t	working me, even it remed)			TITTSY	ania (	County, Va.	
13.	FATHER'S NAM	A.E.			14. MOTHER'S M	AIDEN NAM		4.0.71.
P	· .	n Wesley .	51000	0	Emma	lane	BurneTT	
	WAS DECEASE	D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT	0-11-0		ADDRESS
IYe:	, no grunknown	(If yes, give wor or dote	es of service)	SECURITY NO.	11.	1		A D D NESS
	Ves				thm, 1		-	
	1B./	BY		CAUSI	OF DEATH	1		INTERVAL BETWEEN
	DISTA							ONSET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH		Como				
	(This does	not meon the mode of	dying, e.g.,	DUE TO	estive hea	ert fai	Lure	
	heart failure,	osthenio, etc. It meons	the discose, deoth.)		al insuffi	ciency		
	San							
		INTECENDENT CAUS		(B)				
	DISEASES	OR CONDITIONS, IF A E ABOVE CAUSE (A) S	NY, GIVING	DUE TO				••••••••••••••
		NG CONDITION LAST.	TATING THE	01d	endocardit	is		
Z				(C)				
CERTIFICATION		II			1			
3		NIFICANT CONDITIONS DEATH BUT NOT RE						
프		R CONDITION CAUSING						
ER	19A. DATE OF	OPERATION 198 CON		WHICH OPERATION	20A, AUTOPSY	1? IYes or No	20B. IF YES, WERE FIN	
O	2	WAS PER	FORMED		Yes	3	IN CERTIFYING CAUS	ES OF DEATH?
¥		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. Y	WHERE DID		ve exact location)
EDICAL		OR CONTRIB-	home elc.)	, form, foctory, street,	office bldg., INJUR	Y OCCUR?		
ME		or or other						
-	OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21 F. H	OM DID INT	URY OCCUR?	
	(APPROX.)			VHILE AT NOT	WHILE			
	22.		m.   v	VORK L AT V	OKK []			
	I cer	tify that I held on I	ngulry 🔲	Inspection Au	tapsy X an	d that an th	nis basis, death in m	y apinian
	resul	ted fram: Natural ca	uses A	coldent Sulcle	le Hamici	ide 🗌	Undetermined manne	er 🗌
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	ACTUAL	L BLAGO	Real	A				DATE SIGNED
	SIGNAT	OKL	. 7,500	м. С	ASSISTANT M	EDICALE	XAMINER	3-8-65
	EXAMIN	IER'S	I DIRCH	TEDT M D	ASSOCIATE N	MEDICAL E	XAMINER 2	3-0-03
22.	NAME (			ERT, M.D.		lee m	1001701	1000000
	AOVAL (Specify		23	C. NAME OF CEMETERY	or CREMATORY	23 D.	LOCATION (City.	lown, or county) (Stote)
	Burial	310/6	1	Vational C	emetery	1 20	inville.	Irainia /
		BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C/FUNER	AL DIRECTO	R	ADDRESS
		MAD 1 C 1005	001	3- 8 Stalke Mil		122		263 S. Coxhling St
		MAR 1 6 1965	الماليال	5 E. Falkyth	Yosep	411.3	anners. p	765 S. Couring St
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DIRECTOR:

FUNERAL



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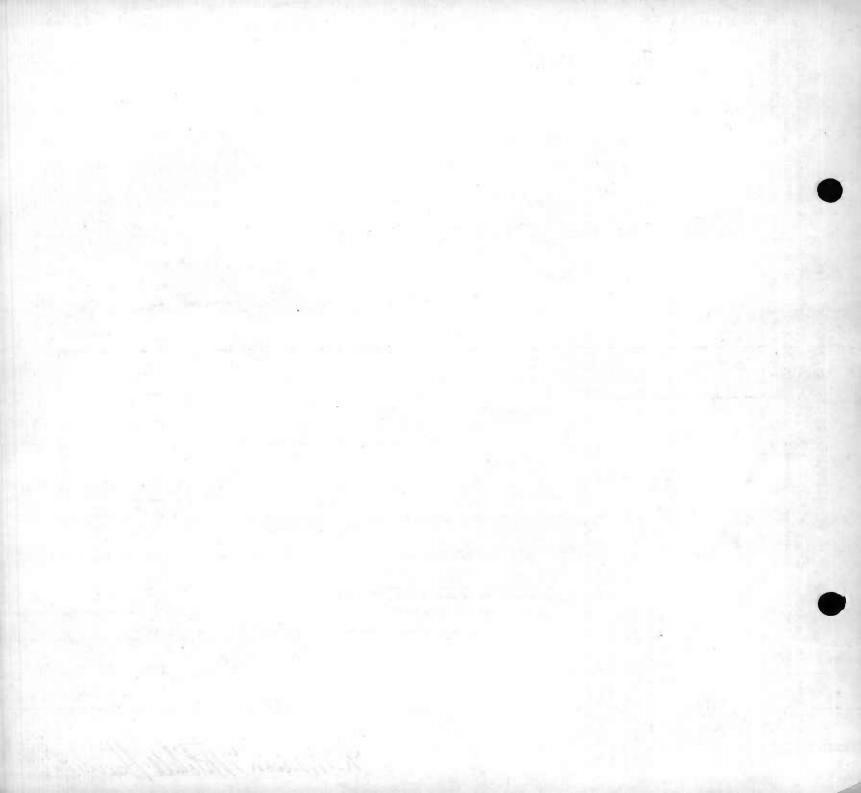
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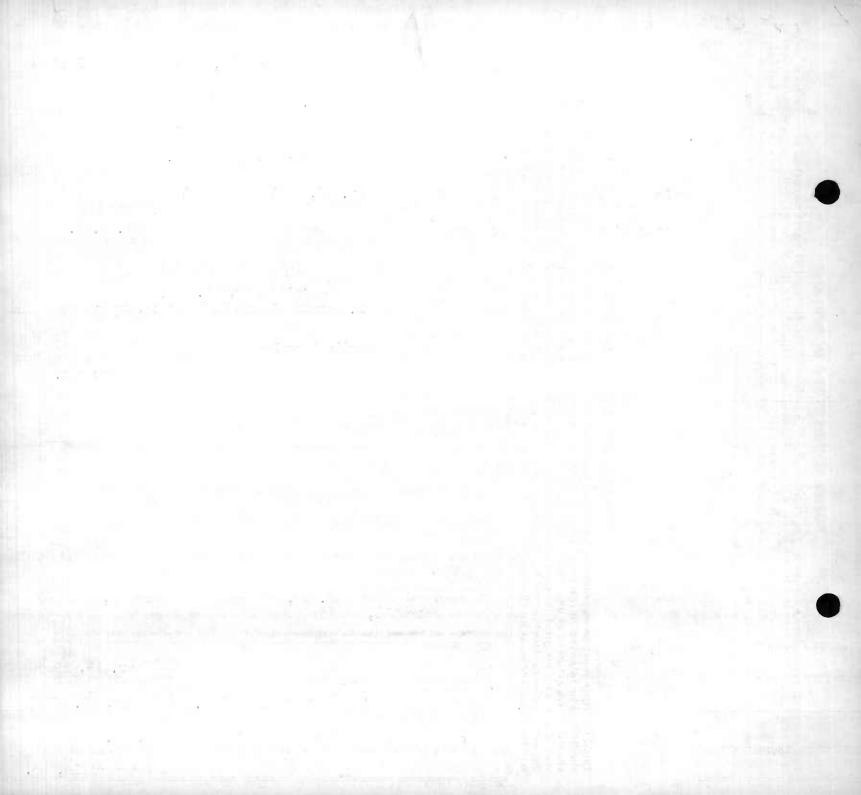
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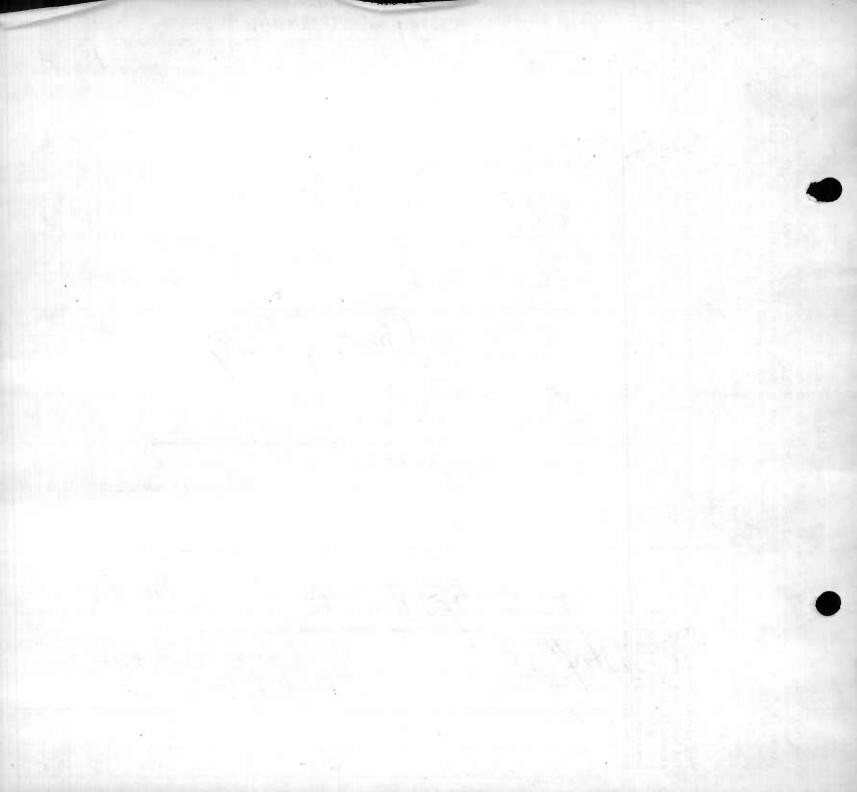
V\$ 150-REV. 1/1/65

			BALTIMORE CIT	Y HEALTH DEPARTMENT		OF OOFA
M.E. CASE NO.	2854		CERTIFICA	TE OF DEATH	Registered No.	65 2854
M.E. CASE NO.	ASED			2 DATE A	ND HOUR OF DEATH	
(Type or Print)		M margar	ATCODM	-		
3. PLACE OF DEAT	H IN BALTIMORE A	ARET M.	ALCORN	MAI	en 13, 1902	12:40 A
or remote of bent				A. STATE B. COU	NTY	2 5-5
FULL NAME DE		ol or institution,	give street	Md.	Baltimor	B of
HOSPITAL DR	oddress or toco	tion)		C. CITY OR TOWN (If o	utside city limits, write	RURAL ond give township)
)	Windsor Res	+ Homo		Balt	imore 21203	
	3025 Windso			D. STREET ADDRESS	f tural, give location)	
	JURY WINGSC	or Ave.		1401 In	verness Aver	nue
5. S EX	RACE	7. MARRIED,	NEVER MARRIED  DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min
Female	White	SE	Widow	Nov. 20, 1877	87	The state of the s
IOA. USUAL OCCUI	ATION (Give kind of w	ork 10B. KIND OF	BUSINESS OR INDUSTR		reign country)	12. CITIZEN OF
	orking life, even if retired		**			WHAT COUNTRY?
House		Own	Home	Maryland		U. S. A.
3. FATHERS NAM				14. MOTHER'S MAIDEN NA	AME	
	Albert Arri	ington		Jane	Ann Arringto	n
5. Was Deceased I	ver in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	It yes, give wor or d	ores or service)	None		ore, Md. 212	
				Mr Howard Alc	orn 1401 Inv	
18.442	X		CAUSE	OF DEATH		ONSET AND DEATH
	OR CONDITION DEAT			Candia Vanaula		
	I mean the mode		(A) DUE TO	Cardio Vascula	<u>r</u>	**************************************
heart failure, a	sthenia, etc. It mea	ns the disease,	00110			Few yrs.
	lication which caus			Renal Disease		325.
A	NTECEDENT CAUS	E2	DUE TO		7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	CONDITIONS, I					
	abave cause (A	A) Stating Ine	(C)	***************************************		
	11					
Z OTHER SIGNIF	[] CANT CONDITIONS	CONTRIBUTING	3			
E TO THE DE	ATH BUT NOT RE	LATED TO TH				
U 194 DATE OF	PERATION 198. CO	ONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or h	No. 208. IF YES, WERE	FINDINGS CONSIDERED
C C C C C C C C C C C C C C C C C C C	WASP	ERFORMED		No	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDEN	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(It in Baltima	e City, give exact location)
OR CONTRIBUT	ING CAUSE OF	hom etc.)	e, form, foctory, street,	office bidg., INJURY OCCUR?		
0				OVE 11		
OF INJURY	Month) (Doy) (Yes		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX)		Wo	le Af Not Wh			
22. I certify t	hat (1) (this haspit	tol) attended ti	ne deceased from	Feb 17	1965 to	March 3, 1965
						inion death occurred on the
						inion deoth occurred on the
		toted above. (I	) (###) (did) ( <del>did=not</del> )	view the body after deoth	•	
23A, SIGNATUR	ry no	1				238. DATE SIGNED
1/	YEL	uses	M.D. At	ys. Med. Director	Stoff Phys.	Mar. 13, 1965
23 C. PHYSICIAN NAME TH	3 1 1	1	A /	23D. ADDRESS		
NAME TO	1 -110	hus	M.D.	4-03	1 - D7 3 D 3	111 1/2 0200
244 8119141 65514		am R. Joh	W. T. 11.10			Ltimore, Md. 2120
24A. BURIAL CREM REMOVAL (Sp	ATION, PARE	24C. N	AME of CEMETERY OF C	REMAIORT 24D.	LOCATION	ity, town, or county) (State
Burial	3/15/	1965	Good Shepher	d Cemetery	Ellicott C:	ity, Md.
25A. DATE REC'D	AR 1 6 1965	258. NAME C	REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS



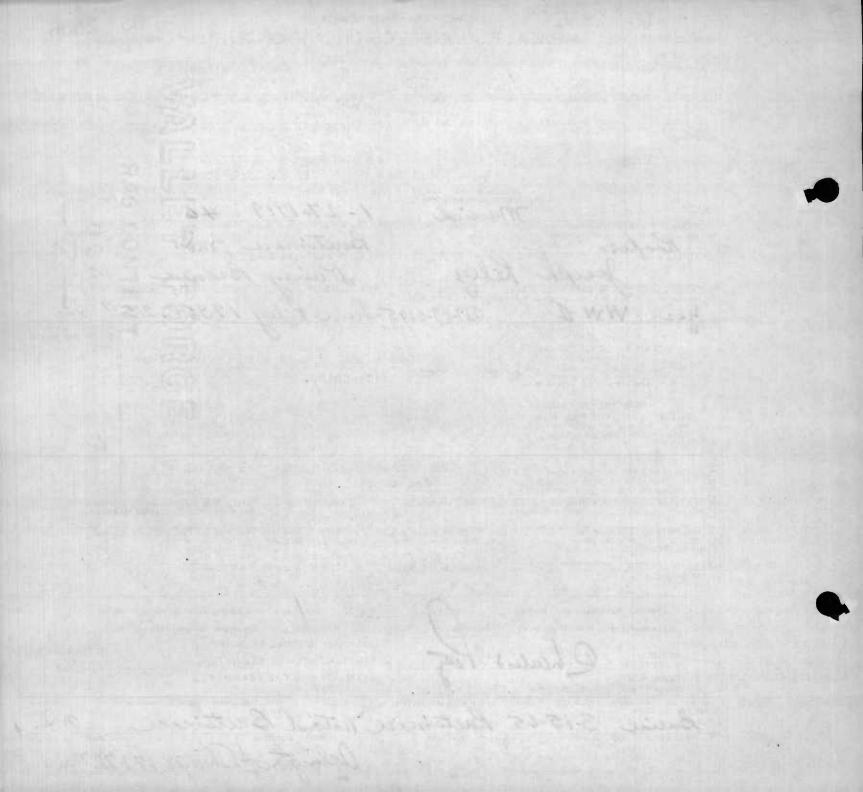
>		2	5	D
	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

		BALTIMORE CITY	HEALTH DEPARTMENT		CE 2053
M.E	H NO. 65 2855	CERTIFICA	TE OF DEATH	Registered Na	65 2855
	ame of Deceased  e or Print) Mary H. Stans	sbury	2. DATE AND March	12, 1965	130 A M
3. P	LACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where A. STATE 8. COUNTY	deceased lived. If ins	titution: residence before odmission)
-	FULL NAME OF (If not in hospital or HOSPITAL OR oddress or tocotion) NSTITUTION	r institution, give street	Md. Carro	011	URAL ond give township)
)	1. COO D-33 A		Hampstead		56-00
	4502 Roland Ave. Baltimore, Md.		201 S. Main St	rol, give locotion) treet	
5. S	EX   6. RACE   7	. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	emale White	Single (specify)	March 10,1874	st birthdoy) 91	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work) during most of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Olle	Retired School Teach	ner	Maryland		USA
3. [	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2	
	Alpheus Stansbury		Matilda Hodge	S	
5. 1	Was Deceased Ever in U. S. Armed Force		17. INFORMANT	1,500	Roland Ave.
163	.no or unknown) (If yes, give wor or dates	of service) SECURITY NO.	Mrs. Harry P. Ca	nn Bali	timore, Md.
ATION	LEADING TO DEATH  (This does not mean the mode of chearl failure, asthering, etc. It means to injury or complication which coused of anticological and anticological and anticological a	he disease, death.)  (8)	ucev 9 Cl	1014	T Mostle
ERTIFIC	19A. DATE OF OPERATION 19B. COND WAS PERFO	THON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
٥	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
	21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	While At Not While		RY OCCUR?	
		Work At Work			20 11 12 13
	22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and-haur and from the cayses state 23A. SIGNATURE	d abave. (I) (We) (did) (did not) v	nding Med. St	in(my) (our) opin	Ion death occurred an the date  238, DATE SIGNED  3-12-65
	23C. PHYSICIAM'S NAME (Type)	M.D.	5 006 Rola	ud an -	10
	Burial CREMATION, 248. DATE REMOVAL (Specify) 3/15/65	Hampsbead Cemeter		Hampstead, N	r, town, or county) (State)
25A	MAR 16 1965	SB. NAME OF REGISTERS M.M.	Tipton-Eline	Funeral Hor	ADDRESS
S	150-REV. 1/1/65				



VS 151-REV. 1/1/65

R. 40	10	65 2856  BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.  M.E. CASE NO.	2856
		1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD	
			:15 P M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence by COUNTY	refore admission)
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland	
	-	INSTITUTION	TO WITSHIP
	21	Baltimore City Hospitals  Baltimore City Hospitals  Baltimore  D. STREET ADDRESS (If rurol, give locotion)	-
1977	01	1735 E. 25th Atreet	
			If Under 24 Hrs.
		Male Negro WIDOWED, DIVORCED(specify) 1-27-1919 lost birthdoy) Months, Doys,	Hours , will.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COU	NTDV2
		done during most of working life, even if retired)  Baltimare, Md.	IVIK17
		13. FATHER'S NAME	
		Joseph Kelly Daisey Brown	
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	11
		Wes NW I 217-07-0165 here Rely 1735 E. 25th.	St.
			T AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Carcinoma of Lung with Cerebral	
		(This does not mean the made of dying e.g.,	
		heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  Metastasis.	
		ANTECENDENT CAUSES	
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	******************
	2014	UNDERLYING CONDITION LAST.	
	50 57	O Hemorrhage within cerebral metastasis	
		other significant conditions contributing to the Death but not related to the Disease or condition causing it.  Hemorrhage within cerebral metastasis due to fall.	
		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDER	ERED
		Yes	Yes
		21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-    O   UNDERLYING □ OR CONTRIB-   O   UNDER	
		UTING ECAUSE OF DEATH.  Company  National Gypsum Co., Newkirk St	
		OF INJURY	
		(APPROX.) 2 4 65 A m. WHILE AT X AT WORK Fell off roof.	
		22.   Certify that I held on Inquiry   Inspection Autapsy X and that an this basis, death in my apinion	
		resulted from: Natural causes Accident 😾 Suicide 🗌 Hamicide 🔲 Undetermined manner	
		CHIEF MEDICAL EXAMINER [	TE SIGNED
		ACTUAL (/ / A T ) AT LANGUE OF THE ACTUAL OF	11/65
		EXAMINER'S ASSOCIATE MEDICAL EXAMINER	
		NAME (Type) Charles S. Petty, M.D.    23A, BURIAL CREMATION,   23B, DATE	(State)
		REMOVAL (Specify) 2:5-15 Bant.	mo
		24A, DATE REC'D BY HEALTH DEPT.   24B, NAME OF REGISTRAR   24C, FUNERAL DIRECTOR , ADDRES	is
		MAR 1 6 1965 Real E. Sankey and Oplinister of Phillips 1727M.	Marsal &



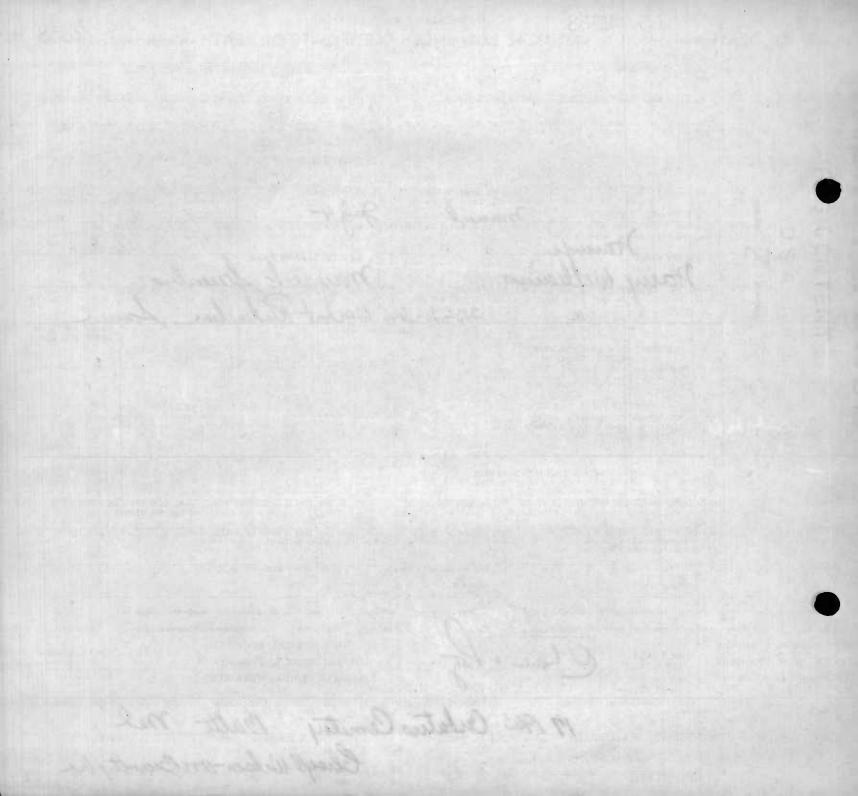
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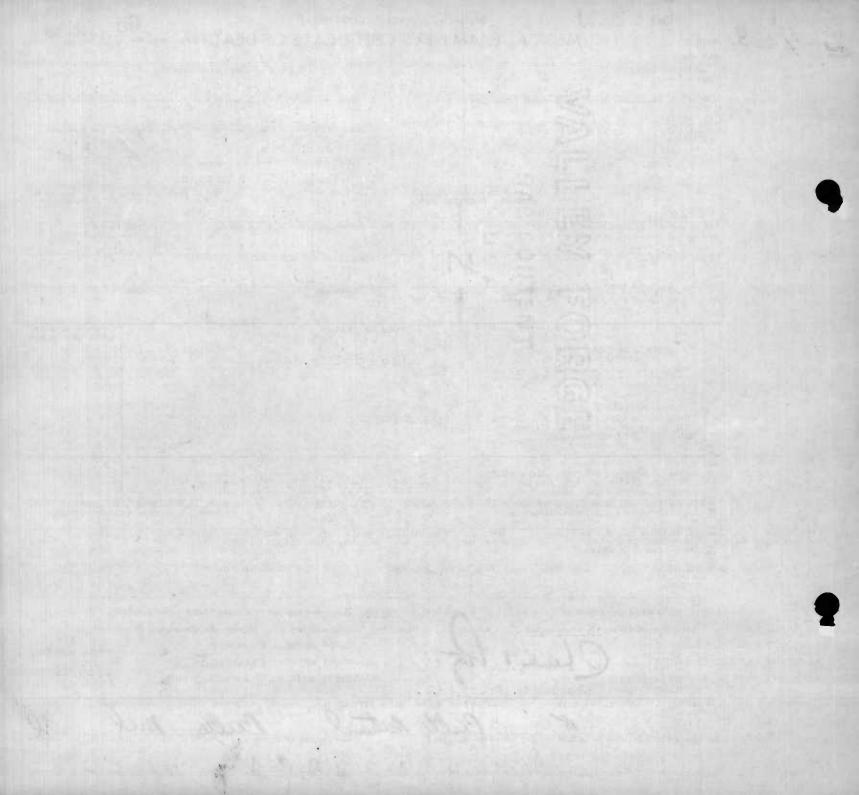
The later by the State of the S

VS 151-REV. 1/1/65

R.263	BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 55 2858
	1. NAME OF DECEASED  (Type or Print)  EMMA  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  MORYLAND  1. NAME OF DECEASED  (SAUR DESCRIPTION  A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  MORYLAND  1. NAME OF DECEASED  (SAUR DESCRIPTION  A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  B. COUNTY
2	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Waryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give Jownship)  Baltimore  D. STREET ADDRESS (If rural, give Jocation)
	Franklin Square Hospital  853 W. Franklin Street  7. MARRIED, NEVER MARRIED  B. DATE OF BIRTH  WIDOWED, DIVORCED(specify)  On the property of
	Female Negro  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY). BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED/EVER IN U.S. ARMED FORCES?  16. SOCIAL  (Yes, no or unknown), VI yes, give wor or doles of service)  17. INFORMANT  18. MOTHER'S MAIDEN NAME  16. SOCIAL  SECURITY NO.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  HYPORTORGING CONDITION DIRECTLY LEADING TO DEATH  HYPORTORGING CONDITION DIRECTLY
	(This does not meon the mode of dying e.g., heart failure, osthenia, etc. If meons the disease injury or complication which caused death.)  ANTECENDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) INJURY OCCUR?  etc.)
	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK
	22.
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles S. Petty, M.D.  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  3/13/65
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county)  REMOVAL (Specify)  3-17-1965  CULULUS CEMETERY OF CREMATORY  23D. LOCATION (City, town, or county)  Malta  Palta  24A. DATE REC'D BY HEALTH DEFT. 24B. NAME OF REGISTERAR  24C. FUNDRAL DIRECTOR ADDRESS
	MAR I 6 1965 Relief E. Jankey M. R. John Mill Committee Brown De Commi



BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	TLOR March 14, 1965   7:45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY
	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore /4-07
Johns Hopkins Hospital	D. STREET ADDRESS (If rural, give location)
	1605 Madison Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr
WIDOWED, DIVORCED(specify)	lost birthdoys Months, Doys, Hours, Min.
Male Negro Single	CC-22-1914 50
done during most of working life, even if retired)	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LAborer 10010	UA. U.SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Daylor	LUBRE A. 10 Liver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
WWT WA	
IIB. CAUSE	E OF DEATH INTERVAL BETWEEN
2 8 80 9 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ethyoliam
(This does not mean the made of dving, e.g.	Ethylism.
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENIDENT CAUCES	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE Arterio	sclerotic Heart Disease.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Arterio DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore City, give exoct location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	Since bidg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE T
m. WORK LAT W	ORK
22.	tapsy 🔀 and that an this basis, death in my opinian
resulted fram: Natural causes X Acciden Suicid	
TOSTICO HOME THOUSAND ACCIDENT	CHIEF MEDICAL EXAMINER
ACTUAL ()	DATE SIGNED
SIGNATURE Laules 1 Lay M.D.	
EXAMINER'S  NAME (Turn) Charles S Potty M D	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Charles S. Petty, M.D.  23A. BURIAL CREMATION,  23B. DATE  23C. NAME of CEMETERY o	CREMATORY 23D. LOCATION (City, town, or couply) (Stots)
REMOVAL (Specify)	1- 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Bund 918/1965 Telle Mel	lived balto met me
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
MAR 1 6 1965 Relead, E. Starley M.A.	a fallow My A. A. in the your
MULITY O 1000 ATOMINA 12 13 11	The surson 1000 I mandy an



VS 151-REV. 1/1/65

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E	CASE NO.						
1. NAME OF DECEASED (Type or Print)  ROBERT MARKS					2. Date and hour pronounced dead March 6, 1965 12:55 P		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore		
St. Joseph's Hospital					D. STREET ADDRESS (If rurol, give locofion)  1313 N. Calvert Street		
5. SEX		6. RACE	7. MARRIED, NEVER MARRIED		B. DATE OF BIRTH	OF BIRTH 9. AGE (In years   If Under 1 Yr, If Under 24 Hrs,	
Male		White	WIDOWED, DIVORCED(specify)		63 10 10 10 10	lost birthdoys	Months, Doys   Hours   Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (Stofe	31	12. CITIZEN OF
done during most of working life, even if retired)							WHAT COUNTRY?
13 E	ATHER'S NAM	Seller	Bellhop		Detroit	Mich.	U.S.A.
13, [	WILLEY 2 INVIN						
John Marks					Rosie Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.					17. INFORMANT ADDRESS		
					Flint. M	arks. Balto. Mc	
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Mucus plugging of tracheo-bronchial						
	(This does not mean the mode of dying e.g., heart failure, ostherio, etc. It means the disease, and the course deeth.)						
	synergism						
7	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
0							
CERTIFICATION	Fatty metamorphosis of liver, arteriosclerotic of the cardiovascular disease and chronic bronchitis						
1 1	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes Yes						
U	21A. EXTERNAL CAUSE WAS  UNDERLYING XOR CONTRIB-  UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location)  home, form, foctory, street, office bldg., INJURY OCCUR?  etc.)  Unknown  Unknown						
1	210 time (Month) (Doy) (1800) (Mouth   212 INJURI OCCURRED   217. HOW DID INJURI OCCUR:						
	(APPROX.) 3 6 65 WHILE AT NOT WHILE Ingested barbiturate while drinking						
	22. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion						
- 1	resulted fram: Natural causes Accident Sulcide Hamicide Undetermined manner						
	ACTUAL		E. Ade	Bur M.D.	ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 3-10-65 NAME (Type) John E. Adams, M.D.						3-10-65
	BURIAL CRE	1	.9,1965	C. NAME OF CEMETERY O		23D. LOCATION (City,	, town, or county) (Stote)
245	DATE DECID	BY HEALTH DEPT.		Loudon		Balto Md.	ADDRESS
24A		IAR 1 6 1965	Cir Brasi	E STONEUM A	Joseph N	.Zannino. 263 S	Conkling St.

The second secon

248 NAME OF REGISTRAR

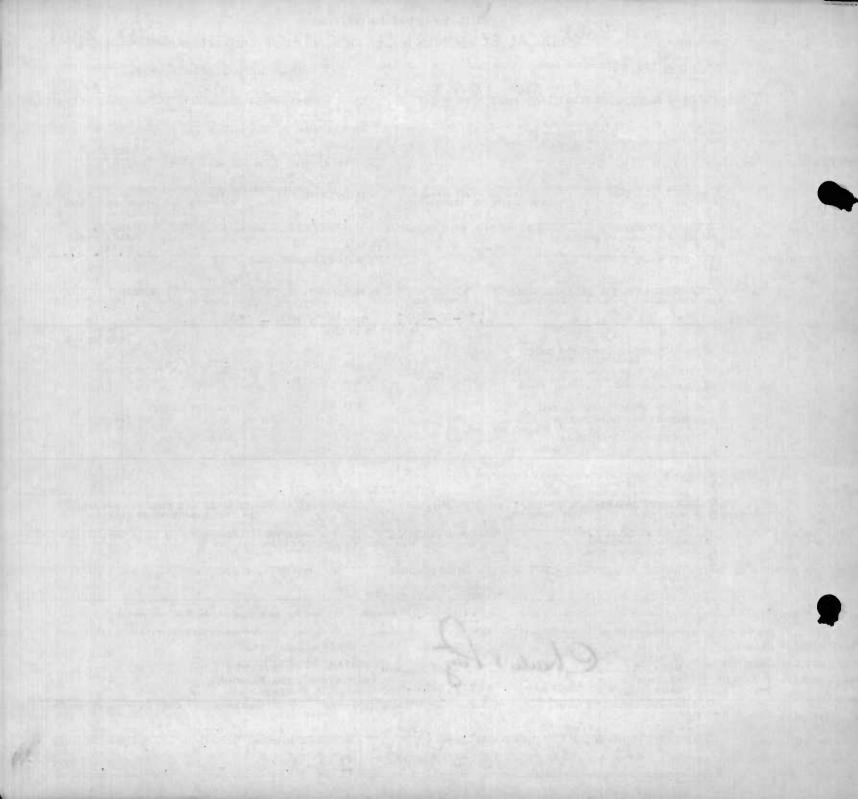
24C. FUNERAL DIRECTOR

Weber - 705 S. Ann St.

#21231

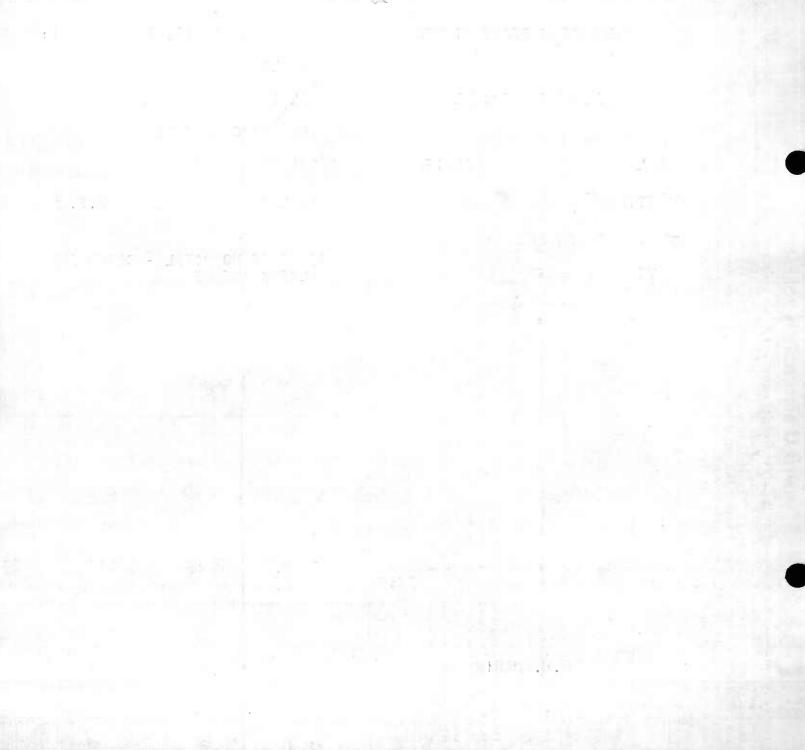
VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



DIRECTOR:

FUNERAL



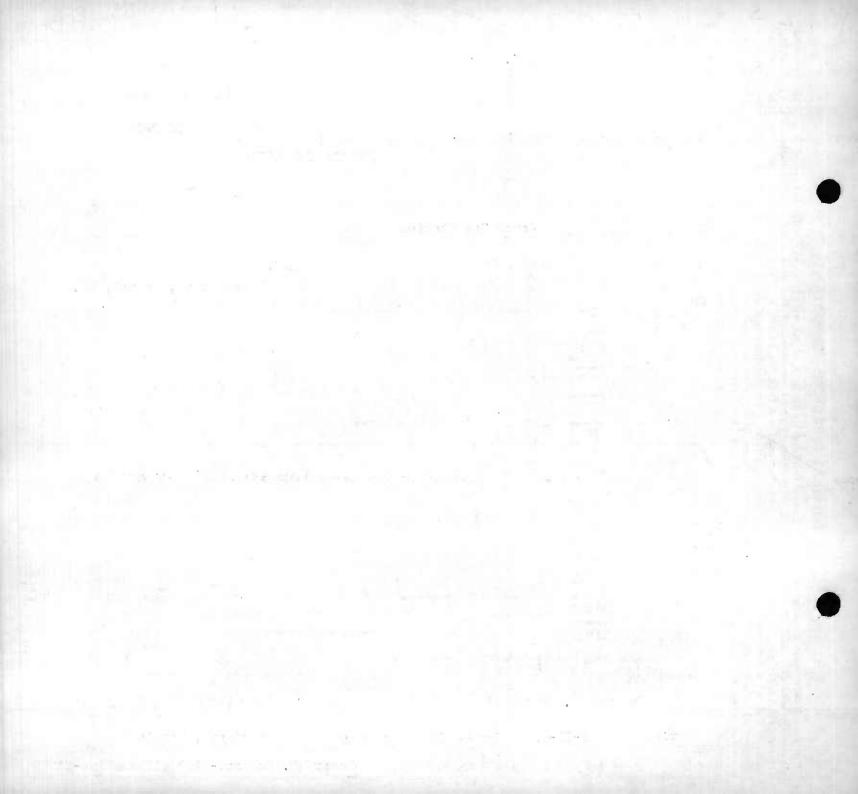
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

FUNERAL DIRECTOR:



VS 150-REV, 1/1/65

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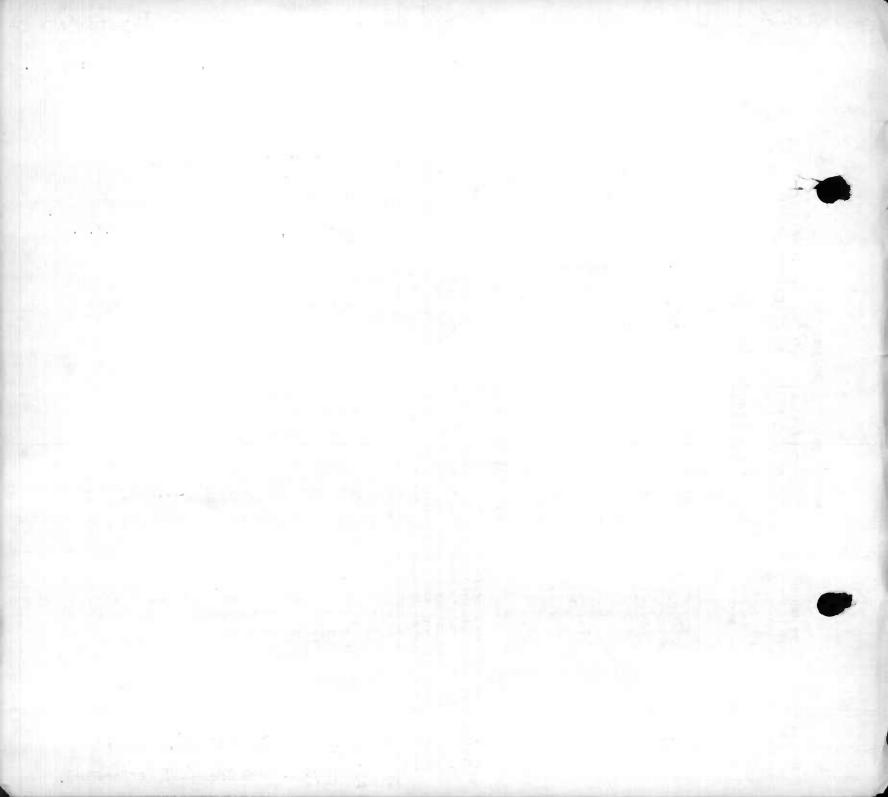
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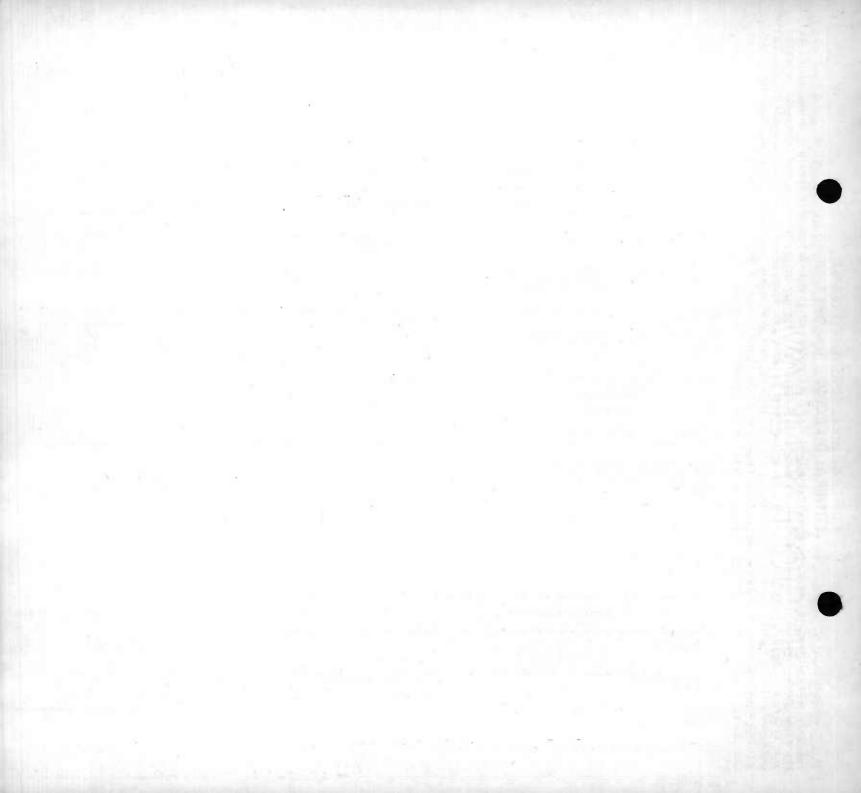
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. pital and of death Such Deceased on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) March 15, 1965 hospital death. 4. USUAL RESIDENCE | Where deceosed lived, if institution: residence attendance (2) cause C. CITY OR TOWN (IF o (If not in hospital or institution, give street HOSPITAL OR oddress or lacotion) (If outside city fimits, write RURAL and give township) canse; 40 INSTITUTION Baltimore MERCEY. prior D. STREET ADDRESS Ilf rural, give location) contributing disposition is made. 3007 Michigan Avenue (4) Undetermined in regular 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min, deceased WIDOWED, DIVORCED (specify) lost birthdoy 10. 3/14/65
BIRTHPLACE (State or foreign country) single 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF death done during most of working life, even if retired) WHAT COUNTRY? OF Baltimore, Maryland U.S.A. None Was 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct Thomas Fargason
15. Wos Deceased Ever in U. S. Armed Forces? IMPORTAN death attendance on kind; 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Father same dny CAUSE OF DEATH pronounced INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of MMATURITY LEADING TO DEATH (This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular DIRECTOR: injury ar camplication which caused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. obtained before the remains WOS FUNERAL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? I'Ves or No. 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where °Z hospital MEDICAL DEATH (notify medical examiner) nature; approved by 21D. TIME (Month) (Doy) |Year) |Hour) 9 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except While At [ Not While (APPROX.) and Work Al Work any 22. I certify that (1) (this hospital) attended the deceased fram 90 that (1) (we) last saw the deceased alive an and that In (my) (aur) apinian death occurred an the dote death) hospital and hour and from the causes stated abave. (1) (We) (did) (did net) view the bady after deoth. must An accident 238, DATE SIGNED Attending Med. was rele deceased prior to written approval Phys. ata 23C. PHYSICIAN'S 23D. ADDRESS NAME |Type D.O.A. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY shows: Burial 3/16/65 25A. DATE REC'D BY HEALTH DEPT. Holy Redeemer Cemetery

258. NAME OF REGISTRAL

25C. FUNERAL DIRECTOR Baltimore, Maryland DDRESS Was eoparda J. Ruck Inc 5305 HarfordRoad VS 150-REV. 1/1/65

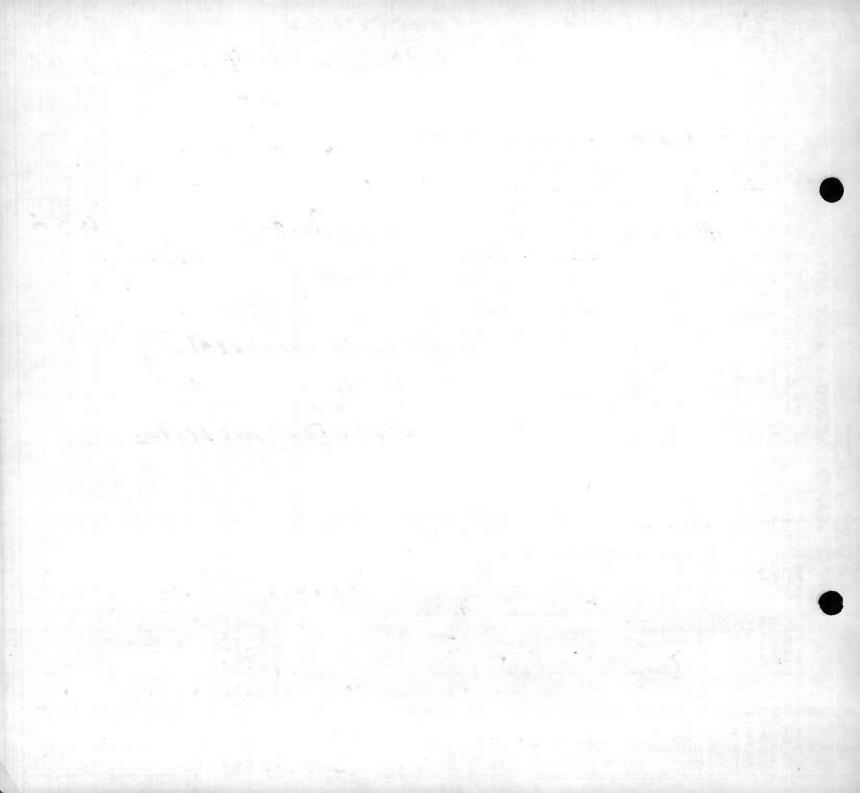


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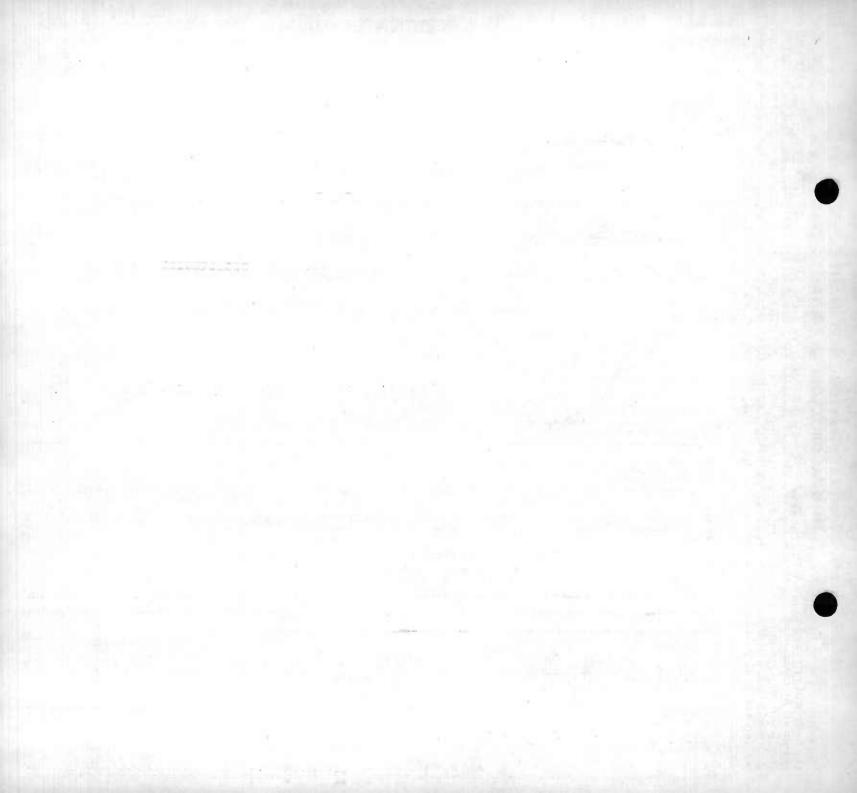


DIRECTOR:

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-320	BIRTH	No.	369		TE OF DEAT		. 65 2869
deat deat deat deat sease Suc	1.NA/	CASE NO. ME OF DECEASED or Print)	Charles	Dietz		TE AND HOUR OF DEAT	
n a hosi cause use; (5) tendanc	FUI HO INS	FULL NAME OF (If not in hospital or institution, give street oddress or location)  3644 Lyndole Ave.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY  A. C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore D. STREET ADDRESS (If rural, give location)		
de d	5. SEX	SEX 6. RACE 7. MARRIED. NEVER MAR			3644 Lyndale Ave.  B. DATE OF BIRTH 19. AGE (In veges 1 If Under 1 Yr. If Under		
0 0 - 0 -	10A, U			OWED, DIVORCED (specify)  OF BUSINESS OR INDUSTRY	8-15-1889	75	Months Doys Hours Min.
his assistant if death of, if the direct or a fany kind; (4) Under need death was in endance on the decend or final disposition	done d	Retired	if retired)	arpenter	Maryland		WHAT COUNTRY?
	13. FA	John Dietz			Bernadine Bonharith Bochldge		
	Yes, no	o orunknown) (If yes, give v	Armed Forces? vor or dotes of serv	16. SOCIAL SECURITY NO. 219142022	(atherine	E. Dietz	ADDRESS Same
	18	DISEASE OR CONDI		CAUSE O		1	INTERVAL BETWEEN ONSET AND DEATH
0 7 5 5 5	h	This does not mean the east failure, asthenia, etc. njury ar camplication whic	made of dying, II means the dise	ase,	restal New	ornage	long
DIRECTOR: ical examiner. is; (3) A fractucian who pro	ris	ANTECEDENT DISEASES OR CONDITION SE la lhe abave cal INDERLYING CONDITION	NS, if any, gi	Ving The (C)	Jerioscher	hyperferine D sis	succes 5 years
- U E - U U	NOI	II  OTHER SIGNIFICANT COND TO THE DEATH BUT N	DITIONS CONTRIBL	UTING HE			V
FUNERAL The chief med by a medi by a medi contact to the physician well contact the remiser.		A. DATE OF OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
FU by the pital by rre; (2) where No ph	0 21	A. ACCIDENT WAS UNDER CONTRIBUTING CAUSEATH (notify medical exomination)	RLYING DE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE C	OID (If in Baltim	ore City, give exoct locotion)
approved by to the hospi of any nature al (except w th); and (6) P be obtained	10 21 01	D. TIME (Month) (Do) F INJURY APPROX.)	y) (Year) (Hour)	21E. INJURY OCCURRED  While At Not While Work At Work		D INJURY OCCUR?	
		2. I certify that (I) (this		ed the deceased from		19 <i>6.5</i> to ///(	pinion death accurred on the date
	ar			e. (I) ( (did) ( did) (			238, DATE SIGNED
3000	23	Michael J.	· Dans		Med. Director	Sloff Phys.	3/15/65
This certificate m the body was relishows: (1) An acci was D.O.A. at a b deceased prior to	244 8	NAME (Type) Mich	ael J. D.	ausch M.D.	4636 Bes	hir Road	
This certif the body shows: (1) was D.O deceased written a	bu	BURIAL CREMATION, REMOVAL (Specify)  ##	18/65 S	acred Heart of	f Jesus Cen	0 1	city, town, or county) (Stote) none Md.
This ce the bod shows: was D. deceas		MAR 1	1965 136 NA	ME OF REGISTRAR	Leonard		Baltimore, Md.

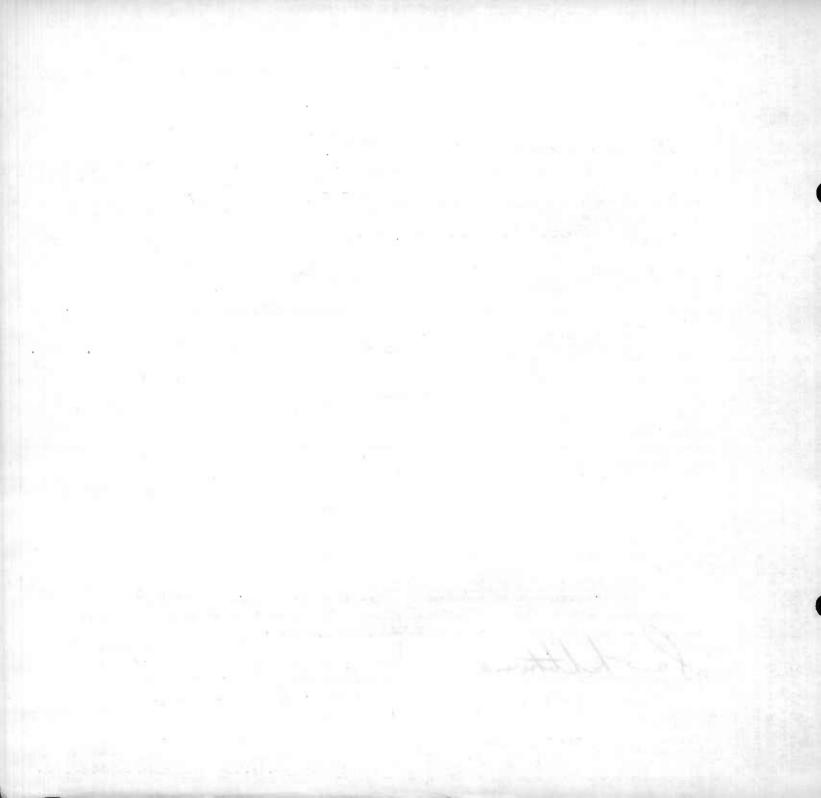


DIRECTOR:

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



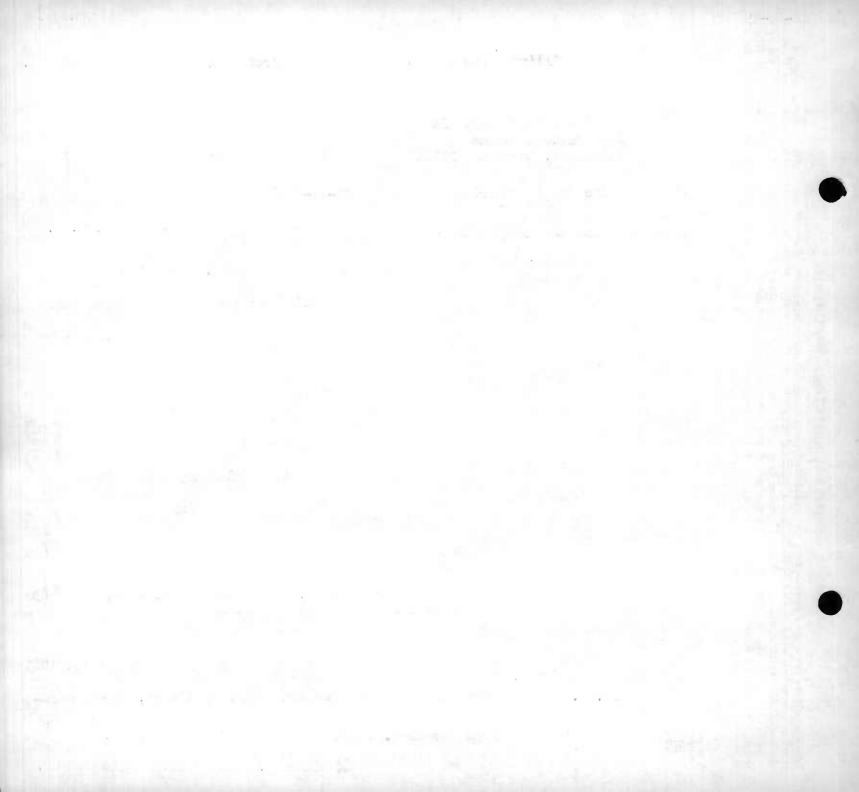
N.E. CASE N				2. DATE	AND HOUR OF DEA	TH
Type or Print)	James M.	Erdman,	Jr.	Mar	ch 14, 1965	5 /
. PLACE OF	DEATH IN BALTIM			4. USUAL RESIDENCE (W	here deceased lived.	It institution: residence t
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)			A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give townshi			
Unio	Memorial	Hospital			(If rurol, give location)	
5. SEX	6. RACE	7 AAA	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	
Male	White	Sin	OOWED, DIVORCED (specify)	July 21, 1905	lost birthdoy)	Months Doys H
	CCUPATION (Give k st of working life, even		ND OF BUSINESS OR INDUSTE	RY 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUN
	Retured		tin Co.	Maryland		USA
3. FATHER'S				14. MOTHER'S MAIDEN N	IAME	USA
Torr	M 79- 3	0		W 7 0 -		
	M. Erdman,		D 4	Mary J. Carlo	5	
5. Was Dece Yes, no or unk	used Ever in U.S. A	immed Forces? or or dotes of ser	Nice SECURITY NO.	17. INFORMANT		ADDRES
No			213015459	Miss Gertrude	Erdman 668	36 Loch Hill
1B. 1.	20.11			OF DEATH	300	INTERVAL
/ 4	SEASE OR CONDIT		C.	ut Yma	Oveline	ONSET A
(7)			(A)	- wary	- will	04
(Ints do	es nal mean the	made of dying.	e.g., DUE TO		agent to	
heart fai	ure, asthenia, etc.	It means the dis	e.g., DUE 10	revio-sch	roue	
heart fai injury or DISEASE	ure, asthenia, etc. camplication which ANTECEDENT S OR CONDITIO	It means the dis caused death,) CAUSES NS, it any, g	giving	rtino schi rtino schi		/
DISEASE rise ta UNDERL	ure, aslhenia, etc. camplication which ANTECEDENT S OR CONDITIO the above cau YING CONDITION  II IGNIFICANT COND	It means the districtions caused death,) CAUSES NS, it any, gase (A) stating last.	giving (C)	rling-sch		/
DISEASE rise to UNDERL UNDERL TO THE STORY	ure, aslhenia, etc. camplication which ANTECEDENT S OR CONDITIO the above cau YING CONDITION  IGNIFICANT COND E DEATH BUT N OR CONDITION E OF OPERATION	It means the distance of the course of the c	giving (C)		No) 208. IF YES, WE	/
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FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



Holy Redeemer Cemetery

24C. FUNERAL DIRECTOR

Baltimore Md.

Leonard J. Ruck Inc. Balto 14 Md.

ADDRESS

3/18/65.

248 NAME OF REGISTRAR

Burial

VS 151-REV. 1/1/65

Birth Cert. A-32512 - 1891 3-22-65 M.H.

DIRECTOR:

FUNERAL

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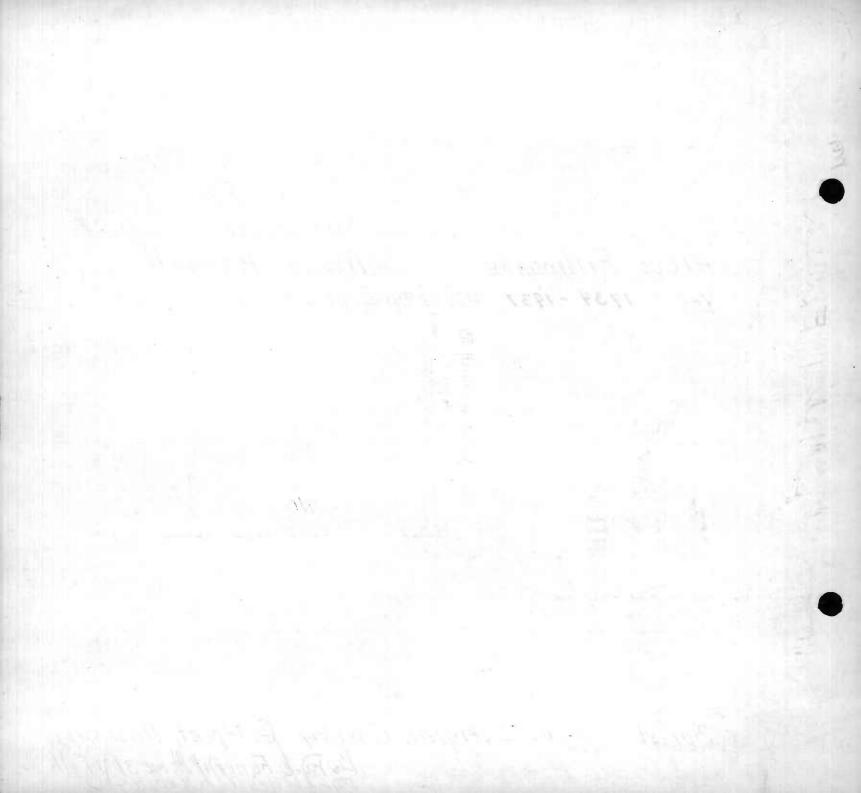
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	of deat Decease on that.	3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
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	cause se; (5)		NSTITUTION (If outside city limits, write RURAL and give township)
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-	ny any		22. I certify that (1) (this hospital) attended the deceased from INV -3 - 1965 to MARCH 14 1965,
	0 0 0	1	that (I) (we) last saw the deceased alive an 3-14 1965 and that In(my) (eur) apinion death accurred on the date
	10 to		and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
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	den den dec dec dec		
	E + C - C		Phys. Director Phys.
	9 2 5 5 5		23C. PHYSICIAN'S Joseph Motorangelo, 23D. ADDRESS Mercy Hospital, Baltimore, Maryland
	Par Brage		Mercy Some
	# 54 0	24A	
	certificat sody was s: (1) An D.O.A. at ased pric		REMOVAL (Specify)
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	the bod shows: was D. decease	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR 8434 GRO ASPERS TO STATE
	₹ # \$ \$ \$ \$		MAR 17 1965 (Relative Company)
		VS	50-REV. 1/1/65

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	BALTIMORE CITY HEALTH DEPARTMENT		65 2876
BIRTH NO. 65 2876	CERTIFICATE OF DEATH	Registered No.	00 6076
1. NAME OF DECEASED		ND HOUR OF DEATH	9 20
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	A. STATE B. COUP	/ T	3-08
HOSPITAL OR oddress or location)  M. NISTITUTION		utside city limits, write RUR	AL and give township)
	14, BALTIMOR	E	
UNION MEMORIAL HO.	Spital D. STREET ADDRESS (IF	rural, give location)	NUE
5. SEX 6. RACE 7. MARRIED, NEV	VORCED (specify)	9. AGE (In years   If	Under 1 Yr. If Under 24 Hrs.
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10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS done during most of working life, even if refired)	11	eign country)	CITIZEN OF WHAT COUNTRY?
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15. Wos Deceased Ever in U. S. Armed Farces? 16.	SOCIAL 17. INFORMANT	MANGAII	ADDRESS
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that (a) (we) lost sow the deceased alive on	12/11/10	/	n death occurred on the date
ond hour and from the causes stated above. (1) (W			
23A. SIGNATURE	AA D Abording T AA ad		B. DATE SIGNED
William M. Dennell W	M.D. Attending Med. Director 23D. ADDRESS	Stoff Phys.	3/14/65
23 C. PHYSICIAN'S NAME (Type)	11 MD (). ( W	5 maa' = 1	tospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	// UNION TO	LOCATION (City,	own, or county) (State)
BULLIA (Specify) 3-19-65 EVE	rareen Comotory F	ulfoort 1	Mississippi
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF R	EGYSTRAR 25G FUNERAL DIRECTO	R	ADDRESS'
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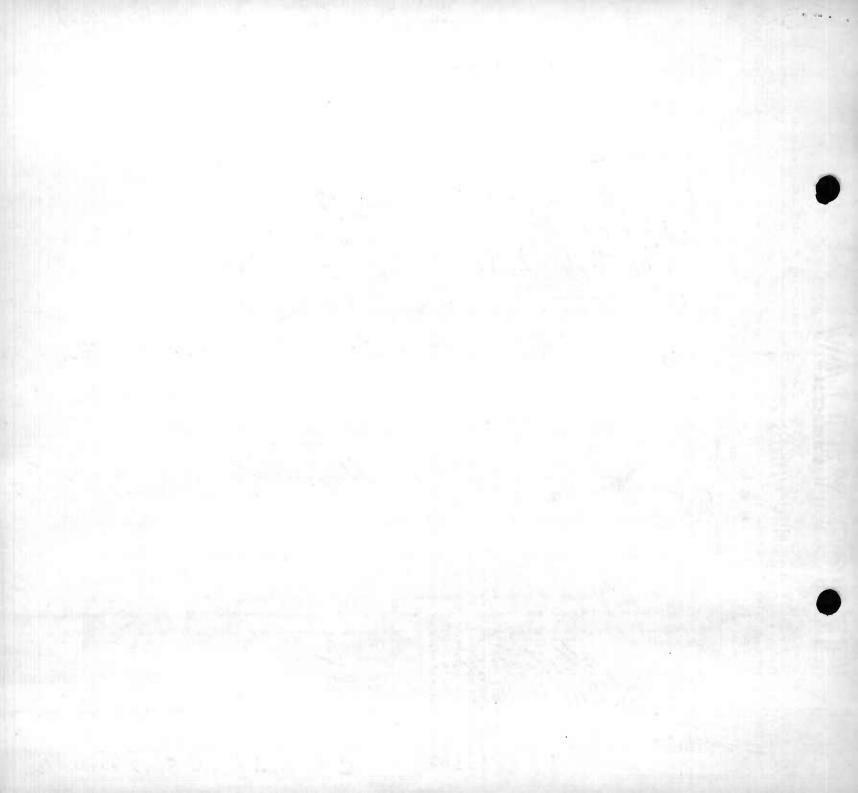


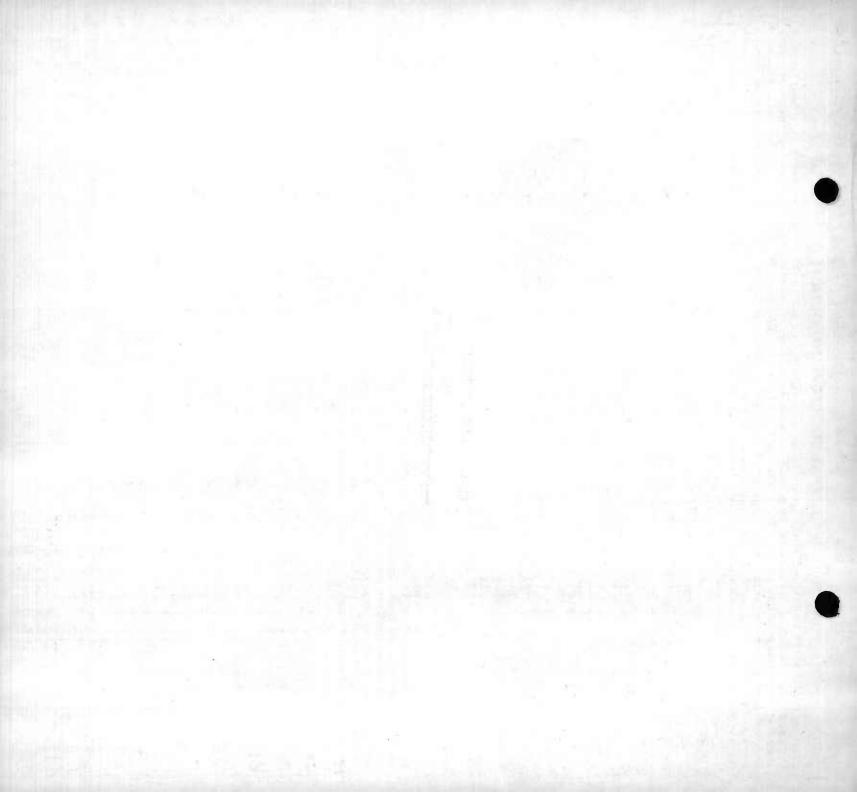
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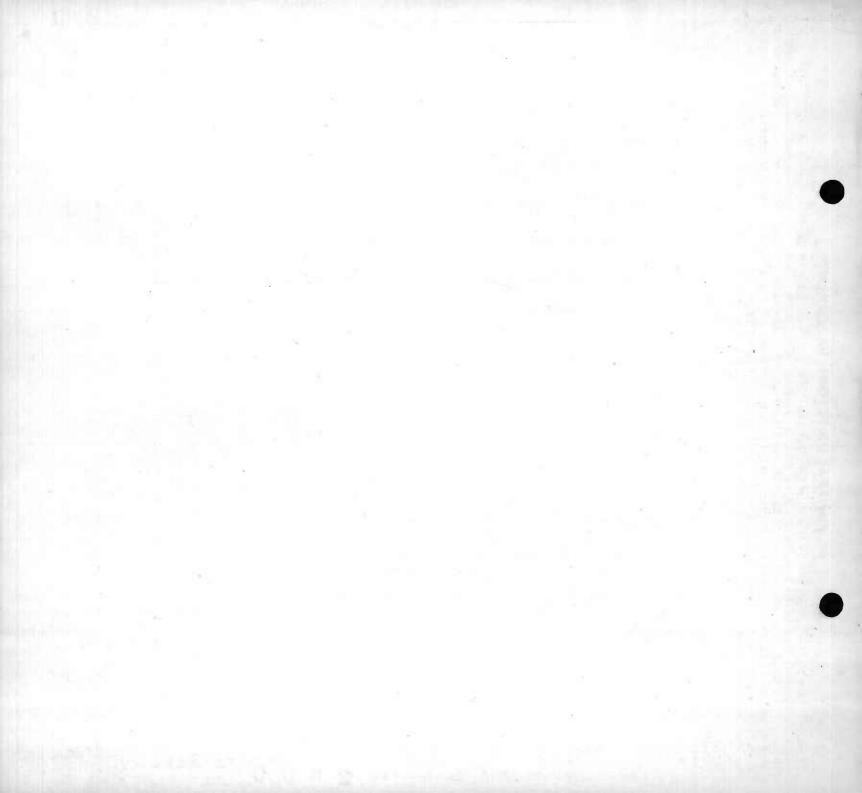
BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) (If outside city limits, write RURAL ord give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours ! 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 23B, DATE SIGNED VS 150-REV. 1/1/65



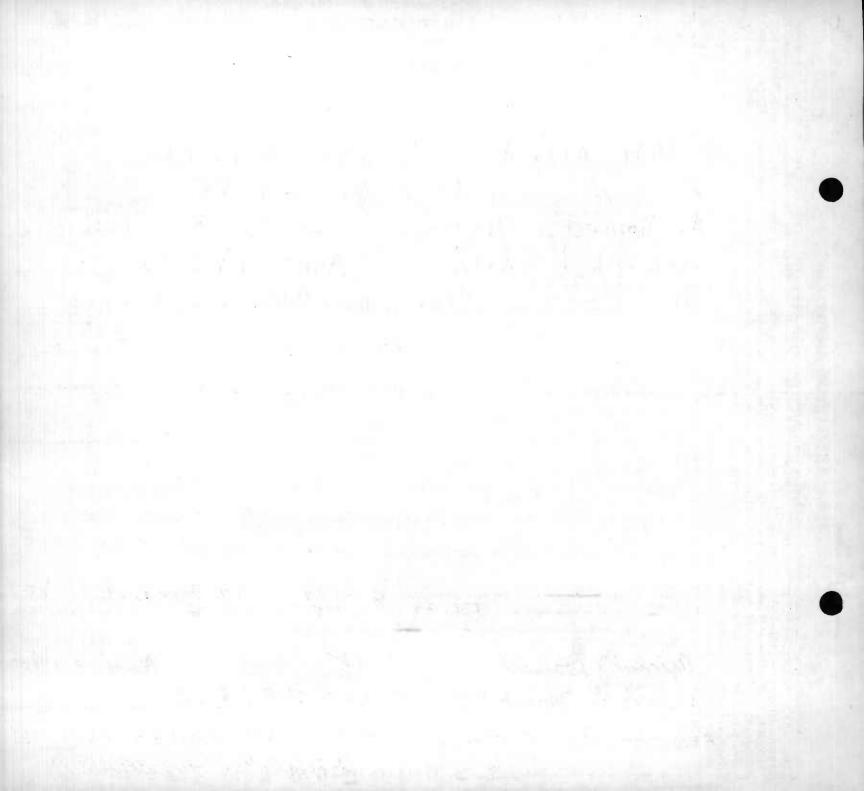


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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65.05276	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 9000
BIRTH NO. 65 2880	CERTIFICA	TE OF DEATH	Registered Na.	00 2880
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	ADIANE LYNN	SITES 2. DATE AND	HOUR OF DEATH	8.30
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	e deceosed lived. If inst TY	titution: residence before odmiss
FULL NAME OF (If not in hospitol or institut HOSPITAL OR oddress or location)	ian, give street	C. CITY OR TOWN (If outs		Bally
INSTITUTION		BALDMOR		JRAL and give township)
UNIVERSITY HO	IS Piza		urol, give locotion)	416
/	RIED, NEVER MARRIED	1 1	2 ce Rd -	If Under 1 Yr. , If Under 24
	OWED, DIVORCED (specify)	3-8-65	ast birthday)	Months Days Hours Min
IDA, USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working Tife, even if retired)		Maky (	and	USA
13. FATHERS NAME		14. MOTHERS MAIDEN NAM		
Grover SitES		Don's	Irvin	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	Informant Information	n from C	hart.
18.754,5	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	.1	centionis.	G-11175	4 days
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise			Held to come and a second seco	
injury or complication which caused death.)	Ose,	P. DIA	1000	
ANTECEDENT CAUSES	DUE TO	Mary Mary Man	Macross	18 19 19 19 19 19 19 19 19 19 19 19 19 19
DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stating				
UNDERLYING CONDITION last,				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	21B. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimare	City, give exoct lacotion)
OF INJURY (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work Not Wh		2 10	, (,
22. I certify that (I) (this haspital) attend	10 /	3-12-63 (12.30 Pn)	9 ta 5-12	-61 (830Ph)9
that (1) (we) last saw the deceased alive			it in (my) (our) apini	ian death accurred an the
and hour and from the causes stated abov	e. (1) (We) (did) (did nat)	view the bady after death.		23 B, DATE SIGNED
Carlo Al	M.D. At		Stoff	3-12-6
23C.PHYSICIAN'S NAME (Type)	051	23D. ADDRESS	Phys. E	26:00
24A. BURIAL CREMATION, 24B, DATE 24	C. NAME of CEMETERY or CI	PEMATORY 1240 15	CATION	town, or county) (State
REMOVAL (Specify)	Bols n	Trans 0 12	OCATION (City	, town, or county) (Stote
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	iero.	ADDRESS
MAR 1 7 1965 (	SE talkentil	Conochlis	300 Mar	ce ave, Balto
VS 150-REV. 1/1/65	0 3 4	4 5 0/9		1415-1



		BALTIMORE CIT	Y HEALTH DEPARTMENT		0=	(2000)
M.E	th NO. 65 2881	CERTIFICA	ATE OF DEATH	Registered No.	65	2881
	AME OF DECEASED ANN A	( 2 pin1	ah 2. DATE AN	rch 15-1	51	5: 15 A.M
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		A. USUAL RESIDENCE (When		ilution; reside	ence before admission)
1	FULL NAME OF (II not in hospital ar institut HOSPITAL OR oddress or location) NSTITUTION	ian, give street	C. CITY OR TOWN (IF 9)	side city limits, write RU	JRAL ond giv	ve township)
)			D. STREET ADDRESS . (If	oa 10.		
	6421 Alta A	rve	6421 A	ta AV-	e	
5. S		RIED, NEVER MARRIED DWED, DIVORCED (specify) DO DO BUSINESS OR INDUSTR	Nov. 11 1879	9. AGE (In years lost birthdoy)	Months Do	Yr. If Under 24 Hrs. ys Hours Min.
	during most of working life, even if retired)  Home	None	BC 1 +2	o. Ml.		S. A,
	OS aph hos A	Karn 16. SOCIAL	Anna	Prell	er	DDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	Maria Malta	- 6421 A	140	AVO
	18. /8/.0	CAUSE	OF DEATH	0/2//		ERVAL BETWEEN SET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) TO	Lic absorption	<u>~</u>	7	Ques
	(This does not mean the made of dying, heart failuse, asthenia, etc. It means the dise injury or complication which caused death.)			0 01		
	ANTECEDENT CAUSES	(B) LO	remove IVI	Koller	3	years
	DISEASES OR CONDITIONS, if any, girise to the obove cause (A) stating UNDERLYING CONDITION last.					V
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CO SES OF DEA	NSIDERED ATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, torm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give ex	koct locotion)
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At  Not Wh Work  At Work		URY OCCUR?		
	22. I certify that (I) (this bespitel) attend	+1 >3	0 0	962 to Mas	_	
	that (I) (we) last saw the deceased olive and haur and from the causes stated above	, ,		ot in (my) (egg) opini	ian death c	occurred an the date
	23A. SIGNATURE		. /		23B, DATE S	
	23C. PHYSICIAN'S NAME (Type)	2 M.D. A.	ys. Med. Director Director Director	Stoff Phys.	Morce	L 15, 1965
	Michael J. DAUSCH	, M.D	MO DO GERAL	e Road		
24/	REMOVAL (Specify)	C. NAME of CEMETERY of C	REMATORY 24D. LC	OCATION (City	, town, or co	ounty) (Stote)
254	A DATE REC'D BY HEALTH DEPT.   25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	OD PEGAI	K KO A	ADDRESS
Ve	MAR 17 1965 P. C.	JI E STONEY	2 opfold	3ros 7110	BELL	7/8 RD
4.9	100 110 11 11 11 00	200				



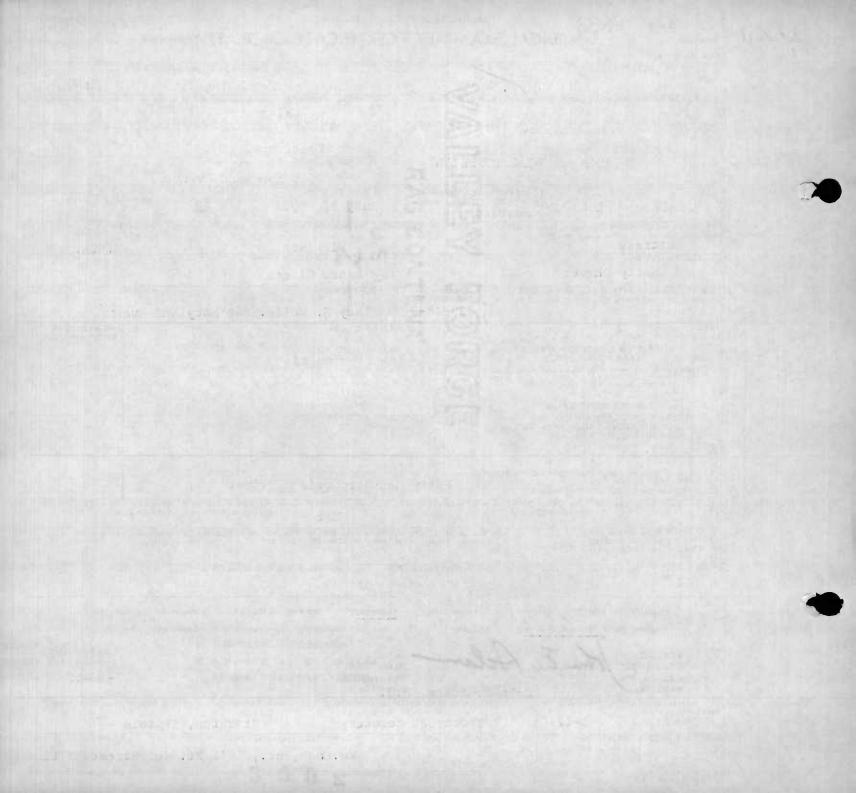
1,	RTH NO. a a. Co., Mid. 65 2882 CERTIFICA  LE CASE NO.  NAME OF DECEASED	2, DATE AND HOUR OF DEATH
{T	MARK HAMRICK.	3-15-65 8,30
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before and A. STATE  B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street	MARYLAND (1)
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township) GAMBRILL
0	D LOUNG HORVING HOSPITAL	D. STREET ADDRESS (If rurol, give location)
	JOHNS HOPKINS HOSPITAL	U.S. NAVAL ACADEMY DAIRY
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under
	MALE: WHITE CHILD	2-15-65 Cost Airth MONTH Months Doys Hours
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	NONE -	H.H. Co. MD US.
13	3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	BENJAMIN HAMRICK	HELEN LASTER
1.5 (Y	es, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No No No	MR. BENJAMIN HAMRICK #
	18. 76 7.31 CAUSE O	DF DEATH INTERVAL BETW., ONSET AND DE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DE. 2/15/65-
	(This does not meon the mode of dying, e.g.,  (A)  DUE TO	21401 PGSP105/10 01/13/63
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES (B)	
		lectrolyte Imbalance 200
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	Complete State of the state of
	11	
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
4	249 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
100	3/12/65 WAS PERFORMED OBSTRUCTO	IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
1 6	DEATH (notify medical examiner)	
1	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
1	(APPROX.) While At Work Not Whi	le 🗆
	22. I certify that (I) (this hospital) attended the deceased fram	3/5 1965 10 3/15 19
	that (I) (we) last saw the deceased alive an 3/15	19 65 and that in(my) (our) apinion death accurred an
	and haur and from the causes stated abave. (1) (We) (did) (did-not)	
	23A. SIGNATURE	23B, DATE SIGNED
	23A. SIGNATURE  Bledlison  M.D. Att	tending Med. Stoff Phys. 23B. DATE SIGNED
	23A. SIGNATURE  Blandison  M.D. Att Phy  23C. PHYSICIAN'S NAME (Type)  DD B W NII SON	tending Med. Stoff Phys. 3/15
	23A. SIGNATURE  BLINGS  M.D. AH Phy  23C. PHYSICIAN'S NAME (Type)  DR. B. W. NILSON  M.D.	tending Med. Director Stoff Phys. 3/15    23D. ADDRESS JOHNS HOPKINS HOSPITAL
	23A. SIGNATURE  Blandison  M.D. Att Phy  23C. PHYSICIAN'S NAME (Type)  DD B W NII SON	tending Med. Director Stoff Phys. 3/15    23D. ADDRESS JOHNS HOPKINS HOSPITAL
2	23A. SIGNATURE  BLIDED  M.D. AH Phy  23C. PHYSICIAN'S NAME (Type)  DR. B. W. NILSON  M.D.  4A. BURIAL CREMATION, 24B. DATE  BURIAL CREMATION, 24B. DATE  SURIAL CREMATION, 24B. DATE  BURIAL CREMATION, 24B. DATE  ATEMOVAL (Specify)  BURIAL CREMATION, 24B. DATE  SURIAL CREMATION, 24B. DATE  ATEMOVAL (Specify)  BURIAL CREMATION, 24B. DATE  ATEMOVAL (Specify)  BURIAL CREMATION, 24B. DATE  ATEMOVAL (Specify)  BURIAL CREMATION, 24B. DATE  ATEMOVAL (Specify)	tending Med. Director Stoff Phys. 3/15  23D. ADDRESS JOHNS HOPKINS HOSPITAL  SEMATORY 24D. PICATION (City, town, or county)  HWAPOLIS ML
2	23A. SIGNATURE  M.D. AH Phy  23C. PHYSICIAN'S NAME (Type)  DR. B. W. NILSON  M.D.  4A. BURIAL CREMATION, [248. DATE   24C. NAME of CEMETERY of CR	tending Med. Director Stoff Phys. 3/15    23D. ADDRESS JOHNS HOPKINS HOSPITAL

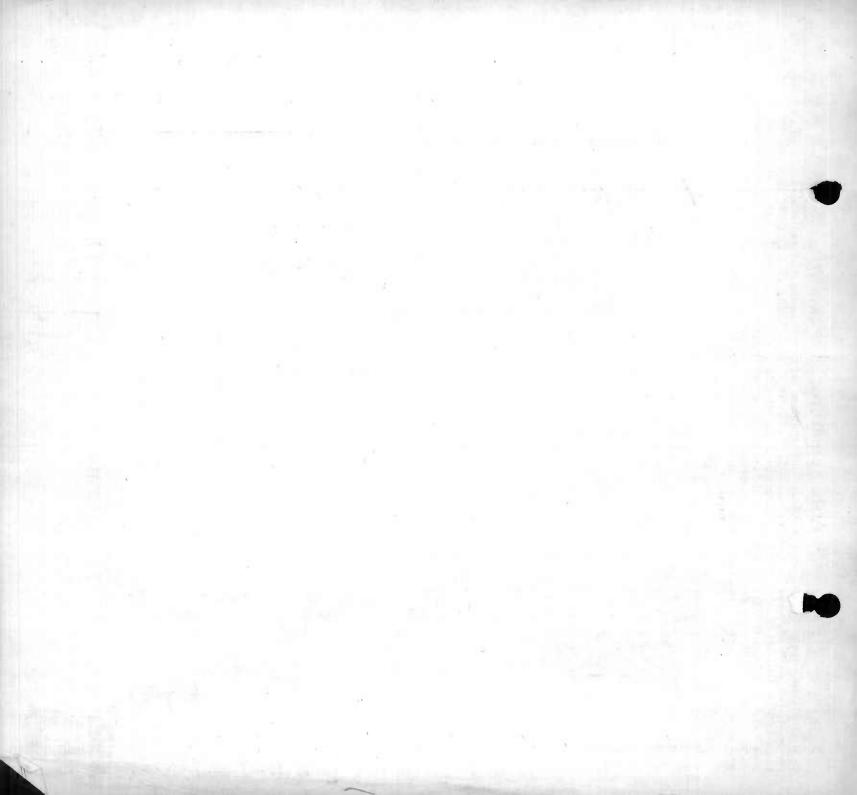
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VS 151-REV. 1/1/65

W410	BIRTH NO. MEDICAL EXAMINER'S  M.E. CASE NO.	CERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	LOUISE E. WOLFE	March 16, 1965 5:00 A. <sub>M.</sub>
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
411	UNION MEMORIAL HOSPITAL	Baltimore 21218  D. STREET ADDRESS (If rurol, give locotion)
1/		2646 Maryland Avenue
	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   Wildowed, Divorced (specify)   married	July 12, 1921  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Waitress	Virginia U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Harry Shover	Agnes Gilmer
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no orunknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO. 229-18-239	
	(This does not meen the mode of dying e.g., heort foilure, ostherio, etc. It meens the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	netamorphosis of liver
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes
	V 21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B, PLACE OF INJURY (or home, form, foctory, streetc.)	.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURR OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
	22.	Autopsy x ond that on this bosis, death in my opinion
		cide Homlcide Undetermined monner
	ACTUAL SIGNATURE John E. Aclan	CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 3-16-65
	NAME (Type)  John E. Adams, M.  23A. BURIAL CREMATION, 23B. DATE  REMOVAL (Specify)  DEMONIAT  2 17 65	RY or CREMATORY 23D. LOCATION (City, town, or county) (Store)
	REMOVAL 3-17-65 Thornrose (	
	MAR 1 7 1065 A C . To D.	Wm.Cook, Inc., 1217 St.Paul Street, Baltimo





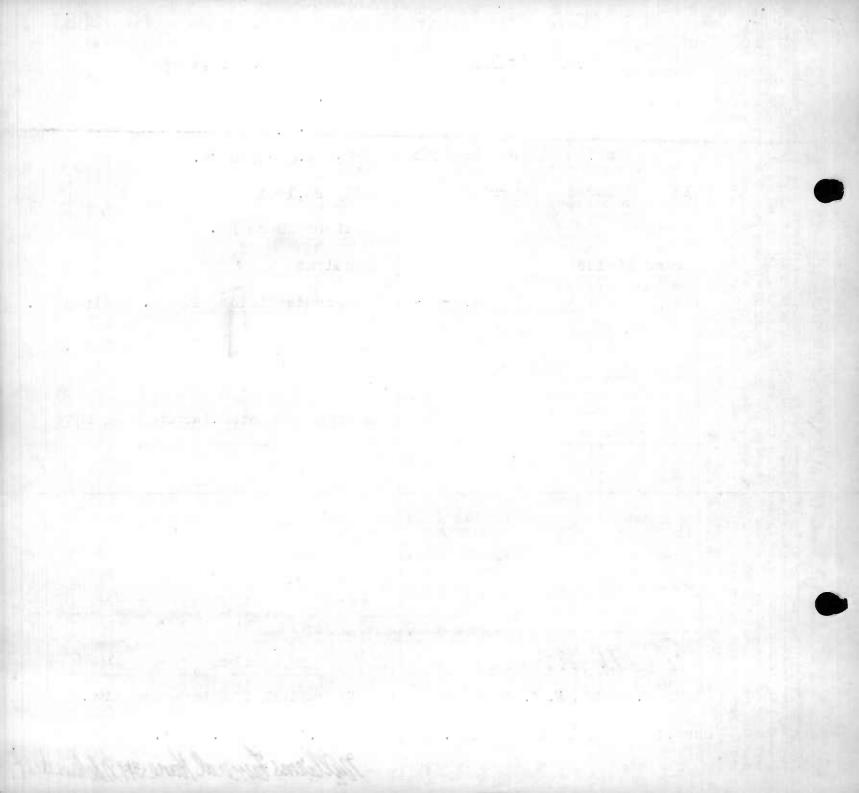
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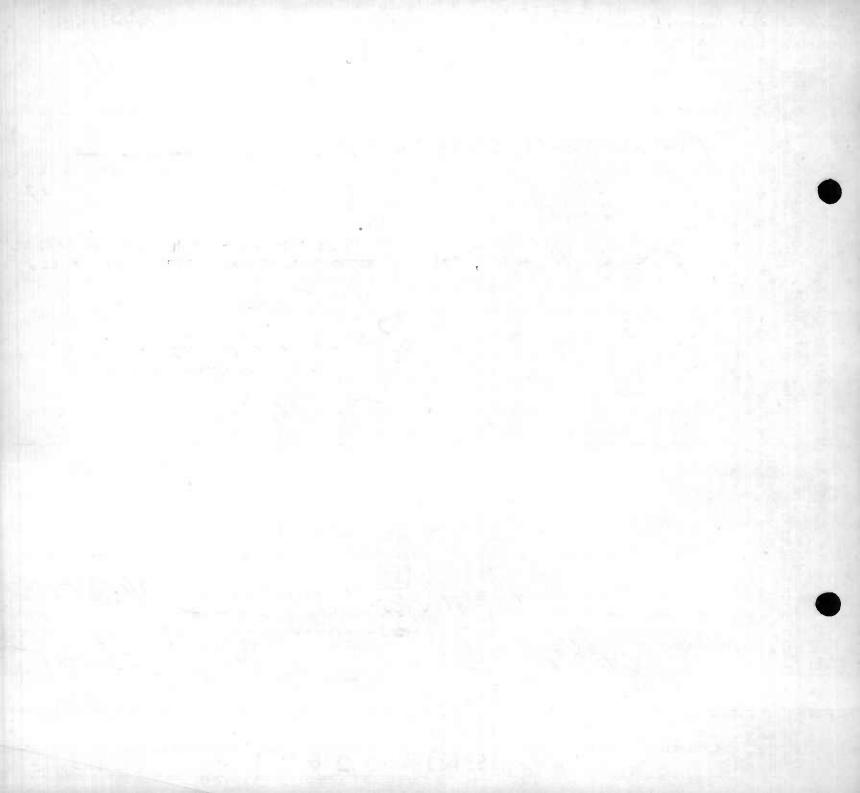
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BALTIMORE CITY HEALTH DEPARTMENT

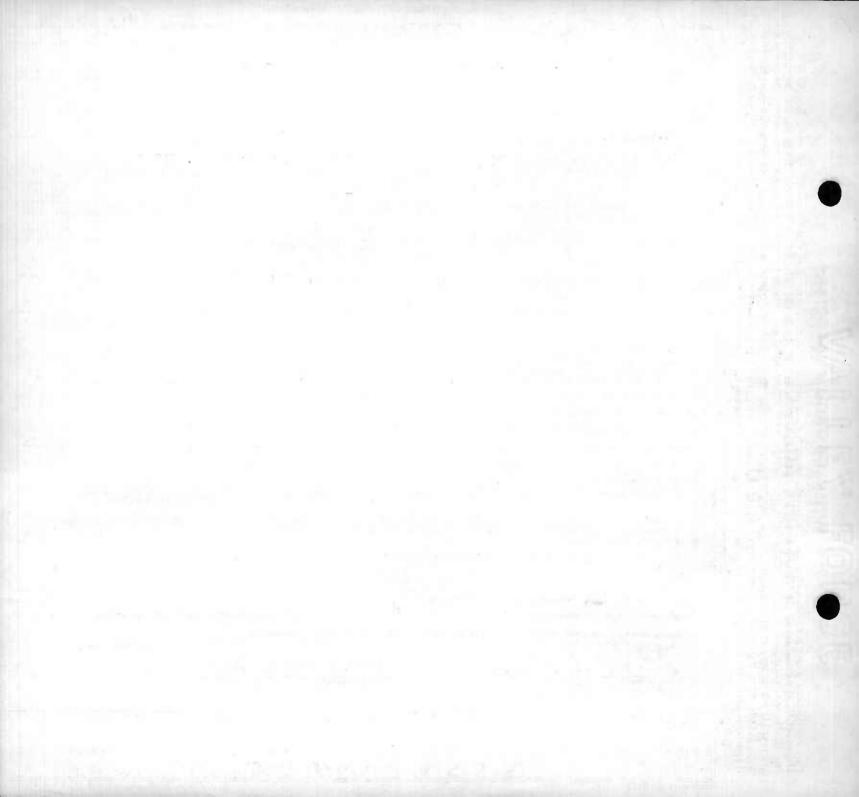




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III.	Sp en
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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased hows D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such suitten approval must be obtained before the remains are embalmed or final disposition is made.
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(10)	BALTIMORE CITY	HEALTH DEPARTMENT		65 000		
18TH NO. 65 2888	CERTIFICA	TE OF DEATH	Registered No.	00 2888		
A.E. CASE NO.			D HOUR OF DEATH			
	D RI		5-65			
Shipferling, Arth	iur P. J.					
, PLACE OF DEATH IN BALLIMORE, MARTLAND		A. STATE B. COUN	o deceased lived. If i TY	institution: residence before admiss		
FULL NAME OF (If not in hospital or instit	and the second second	Maryland		March Obs		
HOSPITAL OR oddross or lacotion)	ution, give street	C. CITY OR TOWN (II out	eido oitu limita unito	RURAL and give township)		
INSTITUTION		C. CIT OK TOWN (II SUI	sido city ilmilis, while	KOKALFONG give lownship)		
St. Agnes Hospital		Baltimore		23-00		
			urol, give location)			
Caton & Wilkens Ave	21229	5203 Old Frede	erick Rd. 2	21229		
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24		
M W WIE	M arried (specify)	5-30/9/	ost birthdoy	Months Doys Hours Mi		
			/2			
OA, USUAL OCCUPATION (Give kind of work 10B, KII one during most of working life, even if retired)	ND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Retin Pronte &	1/2.18	13 dolp, n	rd	11,50		
3. FATHER'S NAME	1011.11.	14. MOTHER'S MAIDEN NAM	AF	100 70-		
4 1 1 -	00 - 1 0.	2				
treveride L. &	Kipperling	Maria	me_			
5. Was Deceased Ever in U. S. Armed Forces?	1/6. SOCIAL	17. INFORMANT	10	ADDRESS . A		
es, no or unknown) (If yes, give wer or dotes of so	SECURITY NO.	V. 1//2()	4 00	100.18		
		Mrs. Leara	X Cl She	allerlyna ( son		
1B. LL 2011	CAUSE O	F DEATH	/	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY			6	ONSET AND DEATH		
LEADING TO DEATH	Acus	te Myocardial In	farction	Hrs		
(This does not mean the mode of dying,						
heart foilure, ostherio, etc. Il meons the di						
injury or complication which caused death.)	Ang.	ina(Hx of 3 Prev	ious Infarc	ctions Years		
ANTECEDENT CAUSES (B) DUE TO						
DISEASES OR CONDITIONS, if ony,	giving					
rise to the obove couse (A) stating	the (C)	-A				
UNDERLYING CONDITION last.						
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	BUTING					
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE					
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED		
WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltima	ro City, give exoct locotion)		
OR CONTRIBUTING CAUSE OF	homo, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	iii in poilimo	ony, give exoct loconon)		
DEATH (notify modical examinar)	etc.)					
21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?			
OF INJURY	While At   Not Whil					
(APPROX)	Work Al Work					
22. I certify that (I) (this hospital) atten	ided the deceased from	1	060 - m	ARCH 1963		
that (we) last saw the deceased alive	e an JU Mar	19. <u>4.2</u> and the	at In (1994) (aur) ap	inlan death occurred an the		
and haur and fram the causes stated abo	gve. (I) (We) (did) (dld nat) v	lew the body after death.				
23A. SIGNATURE	1//			23B. DATE SIGNED		
HI III	M.D. Alle	ending Mod.	Stoff			
sichard the	Phy	s. Director	Phys.			
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS				
1	M.D.					
A BURIAL CREATER TO THE STATE OF THE STATE O		14.4EAN				
4A. BURIAL CREMATION, 249 DATE	24C. NAME of CEMETERY OF CRI	MAIORY 24D. LC	CATION	City, town, or county) (Sto		
Pari of 3/18/15	120 la 1-t	- IV A	allo 1	n & .		
5A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	0.01	ADDRESS		
and the second s	C. C. C. C. Q. M.D.	- MIL-tol O FOR	-	) - T		
MAR 17 1965 02 0	EN C. Harrison, In	WDINDO TE	reserval N.	soclos,		
\$ 150-REV. 1/1/65			1110	1 Edm aid Deal Al		



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	1 6	7	-	5	c/A	7	
his certificate must be approved by the chief medical examiner or his assistant if death occurred he body was released to the hospital by a medical examiner. Also, if the direct or contributing hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined examined of any hospital (except where the physician who pronounced death was in regular elecased prior to death); and (6) No physician was in regular attendance on the deceased prior.	1.8	in a hospital and	ig cause of death	duse; (5) Deceased	attendance on the	or to death. Such	
TUNERAL DIRECTOR: IMPORTAN this certificate must be approved by the chief medical examiner or his assistant he body was released to the hospital by a medical examiner. Also, if the chows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind, vas D.O.A. at a hospital (except where the physician who pronounced deat leceased prior to death); and (6) No physician was in regular attendance or	•	it if death occurred	lirect or contributin	(4) Undetermined c	h was in regular o	n the deceased pri	dienocition is mande
TUNERAL DIRECTOR this certificate must be approved by the chief medical exams he body was released to the hospital by a medical exams thows: (1) An accident of any nature; (2) Body burns; (3) A from D.O.A. at a hospital (except where the physician who leceased prior to death); and (6) No physician was in registred.	OR: IMPORTAN	iner or his assistan	ner. Also, if the d	acture of any kind;	pronounced deat	ular attendance or	maker land of binds
this certificate must be approved the body was released to the ho shows: (1) An accident of any nat was D.O.A. at a hospital (except leceased prior to death); and (i	FUNERAL DIRECTO	d by the chief medical exam	spital by a medical examin	lure; (2) Body burns; (3) A fre	where the physician who	5) No physician was in regu	and hadens also somewine man an
		This certificate must be approved	the body was released to the ha	shows: (1) An accident of any na	was D.O.A. at a hospital (excep	deceased prior to death); and (	TOTAL STREET,

BIRTH NO.	65 9000			HEALTH DEPARTMENT	Registered Na	65 2890	
M.E. CASE NO.	65 2890		CERTIFICA	TE OF DEATH			
Type of Print)	CEASED				AND HOUR OF DEATH		
	McDowell.	Willie			15/65	6:30 P.	
PLACE OF DI	EATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE INTO	nere deceased lived. If	institution; residence before admis	
FULL NAME	OF (If not in hospital a	e in etitution	aug about	Maryland		1901	
HOSPITAL OR			give street		outside city limits, write	RURAL and give township)	
INSTITUTION				Baltimore			
Montebe	ello State Hos	fetin		D. STREET ADDRESS	If rural, give location)		
	J J J J J J J J J J J J J J J J J J	Par volue		312 Parrish St			
. SEX	6. RACE	7 AA ADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24	
Male	Negro	WIDOWED	DIVORCED (specify)	2/4/1912	lost birthdoy)	Months Doys Hours M	
		Separ		/ /	53		
	CUPATION (Give kind of work)  If working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?	
Odd Jo				South Caroli	no	USA	
3. FATHER'S NA				14. MOTHER'S MAIDEN N.			
	ie McDowell						
V) al. al. al. al.	TO MODO WOLL			Lillie Kenne	ay		
	ed Ever in U. S. Armed Forc		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	, yes, give wor or ones	J. 30/4/06/	Unknown	Hospital Re	enrde		
1B. 2 2			CAUSE O	_	CDIGD	INTERVAL BETWEEN	
10	OX		CAUSE O	DEAIN		ONSET AND DEATH	
DISEA	ASE OR CONDITION DIRE LEADING TO DEATH	ECTLY	C.	arcinoma of Eso	phogue	0.000	
(This does	nol meon the mode of	dvina ea	(A) UE	with Metastasis	one yr.		
heort foilure	, osthenio, etc. Il meons	the diseose,	501.10	vith metastasis			
injuly or co	injury or complication which coused death.)						
	ANTECEDENT CAUSES  (B)  DUE TO						
	DISEASES OR CONDITIONS, if ony, giving						
rise to the	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.						
OHOEREIIN							
Z OTUER SICK	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE	DEATH BUT NOT RELAT	TED TO TH					
DISEASE OF	DISEASE OR CONDITION CAUSING IT.  19 A. DATE OF OPERATION   19 B. CONDITION FOR WHICH OPERATION   20 A. AUTOPSY? (Yes or No.)   20 B. IF YES, WERE FINDINGS CONSIDERED						
- DATE O	WAS PERF		THICH OFERATION	On A	IN CERTIFYING C.	AUSES OF DEATH?	
19A. DATE O	THE WAS INDEDICATED	loca	BLACE OF BUILDING	000	44 . 5	00	
, OR CONTRIE	ENT WAS UNDERLYING DEUTING CAUSE OF	hom	e, lorm, foctory, street, ol	fice bldg., INJURY OCCUR?	(If in Boltima	ore City, give exact location)	
DEATH (notil	ly medical examiner)	etc.					
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?		
OF INJURY		Whi	le At Not While				
		Wo			-	1.1	
22. I certif	y that (1) (this hospital)	attended t	ne deceased fram	3/15/65		15/65 19	
that (I) (we	a) last saw the deceased	alive an	3/15/65	19and (	that in (my) (aur) of	inian death accurred an the	
				lew the bady after death			
23A. SIGNAT			, ()	The eddy offer death	•	23B, DATE SIGNED	
20	9.00	0.	M.D. Atte	nding Med.	Stoff 10		
	Nance I.	Da	Phy:	s. Director	Stoff Phys.	3/15/65	
23C. PHYSICI NAME (	Typel V-			23D. ADDRESS			
	Daniel G. La	1	M.D.	2201 Argonne	Drive, Balti	imore, Md.	
4A. BURIAL CR	EMATION, 24B. DATE	24C. N	ME of CEMETERY of CRE			City, town, or county) (Sto	
REMOVAL	(Specify)						
Burial	3/18/6		mpter		outh Carolin		
SA. DATE REC'			OF REGISTRAR	25C, FUNERAL DIRECTO		ADDRESS	
	MAR 17 1965	R. Pranti	E. Vichberg M. R.	Adolphus H	alstead 918	Druid Hill Ave	
S 150-REV. 1/1	/65	1	0 0		· ·		

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VS 151-REV. 1/1/65

	1	65 2891	BALTIMORE CITY HEALT	H DEPARTMENT		
D-1	40	BIRTH NO. MEDICA	L EXAMINER'S CE	RTIFICATE OF D	EATH Registered No.	2891
		1. NAME OF DECEASED (Type or Print) MAUDE MCDORMAN	LIBERTO DUVAI		HOUR PRONOUNCED DEAD 13, 1965	9:20 A
		3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived. If institution: resi	M.
		HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside	B. COUNTY  corporate limits, write RURAL	and give township)
		INSTITUTION		Baltimore	18	70/
	31	University Hospital		b. STREET ADDRESS (If rurol, a 884 W. Bal	timore Street	Act 13
			ARRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH		r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.
		Female White	Married	Sept. 3, 1911	53	
		done during most of working life, even if retired)		1. BIRTHPLACE (State or foreign	WHA	AT COUNTRY?
		Housewife	Own Home	Dayton , O	nio	USA
		? Mo	Dorman	Unkn	own	
		15. WAS DECEASED EVER IN U.S. ARMED FORE	CES? 16. SO CIAL	7. INFORMANT	Rte. 2, B	5x 6
		No	STOCK IT IT I	Ernest DuVa	ll, Severna P	rk. Md.
		18.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTL		n-11:		ONSET AND BEATT
		(This does not meon the mode of dying heart foilure, ostherio, etc. It meons the	e.g. Dile to	Ethylism.		
		injury or complication which caused death.)	11360367			
		ANTECENDENT CAUSES	(B)			
		DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATING	G THE DUE TO	994 9 9 0 0 7 1 9 9 0 0 0 0 0 7 7 7 0 0 0 0 0 0 0 0 0 0	10001 000000000000000000000000000000000	**************************************
		UNDERLYING CONDITION LAST.	(C)	M4************************************		• ••• • h • • • • • • • • • • • • • • •
		O THE SIGNIFICANT CONDITIONS CON'TO THE DEATH BUT NOT BELLED	PRINCIPLE			
		DISEASE OR CONDITION CAUSING IT		clerotic Heart D	isease.	
		19A. DATE OF OPERATION 119B. CONDITIO			OB. IF YES, WERE FINDINGS C	
		WAS PERFORM	ED	Yes	N CERTIFYING CAUSES OF DE	Yes
		O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID (If	in Boltimore City, give exoct le	ocotion)
		2	WHILE AT NOT W	21F. HOW DID INJUR	Y OCCUR?	
		22.	m. WORK LATWO	DRK 🔲 I		
		I certify that I held an Inquir	_		basis, death in my opinia	n
		resulted fram: Natural causes	Accident Sufcide	CHIEF MEDICAL EXA	ndetermined manner	
		ACTUAL () Colo	s lain	ASSISTANT MEDICAL EXA		DATE SIGNED
		SIGNATURE VALUE EXAMINER'S		ASSOCIATE MEDICAL EXA		3/13/65
		NAME (Type) Charles	S. Petty, M.D.			
		23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY OF		CATION (City, town, or	county) (Stote)
		Burial 3/17/65	Glen Haven	Memorial G	Len Burnie, Mo	ADDRESS
		MAR 17 1965	Coop E. Farley M. A		neral Home, Gle	
		W.	your the state of	Transfer of Lini	TELST TOME PT	en Burnie

s/10/19 | Wien Eaven Jenomias | With Shorts, out alogne Russ, whose transmit to

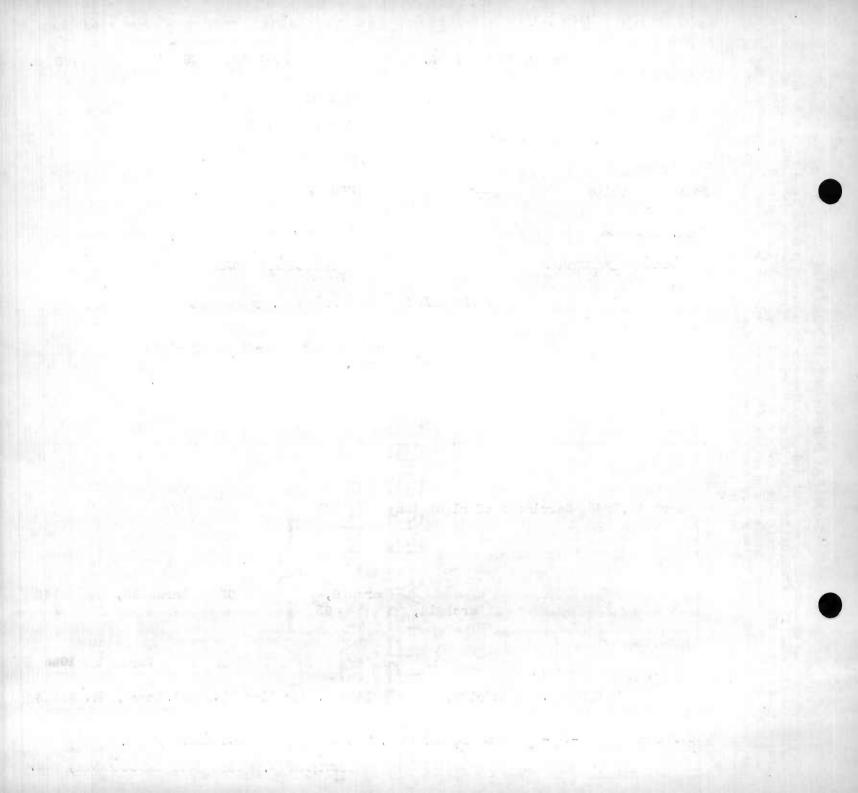
R.	2	0	0

	H NO.	MED	ICAL EX	CAMINER'S CE	ERTIFICAT	E OF D	EATH Register	red Na	2006
-	AME OF DE	CEASED	В.			2 DATE AND	HOUR PRONOUNCE	D DEAD	
(Ту	oe or Print)		CARL RUC	E			rch 15, 196		3:33 P.
		IMORE MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE			tution: reside	ence before admission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOW		carparate limits, write	RURAL one	d give tawnship)
		UNIVERSIT	Y HOSPIT	TAL	D. STREET ADDR	ESS (If rural, g	give locotion) 11a Street		
5. S	Male	6. RACE White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy) 57		Yr. If Under 24 Hrs. Doys Haurs Min.
done during most of working life, even if retired)  RETIRED OHIO						12. CITIZEN WHAT	USA USA		
13.1	ATHER'S NAM	A E			14. MOTHER'S MA	AIDEN NAME			
		CARL A. RU				THOMPSO	NO		
	, no or unknown	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	37
	YES	WW II			VIRGINIA	RUGE, I	MUSKEGON, M	ICHIGA	.N
CERTIFICATION	DISEASES RISE TO TH UNDERLYIF	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
CERT	19A. DATE OF		DITION FOR	WHICH OPERATION	NO		OB. IF YES, WERE FII N CERTIFYING CAUS		
EDIC	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., i , farm, factary, street, a	in ar about 21C. W	HERE DID (1)	f in Ba)timare City, gi	ve exact lac	ation)
Σ	OF INJURY (APPROX.)	(Manth) (Day) (Yeo		VHILE AT NOT NORK	WHILE	W DID INJUI	RY OCCUR?		
		tify that I held an I					basis, death in m		
	ACTUA SIGNAT EXAMIN	URE John ?	Ale			EDICAL EXA	AMINER AMINER		DATE SIGNED 3-16-65
	NAME ( BURIAL CRE AOVAL (Specif BUR	MATION, 23B. DATE		Adams, M.D. c. NAME of CEMETERY of OAKWOOD REMET			JSKEGON, MI	town, or co	ounty) (Stote)
24	A. DATE REC'D	MAR 17 1965		of REGISTRAR Day M.A	24C. FUNERA	D H. HUI	BBARD FUNER	AL HOM	DDRESS E ENS AVE. 212
VS	151-REV. 1/1/	<sup>'</sup> 65	1 3	0 5 1	2 5	1 6		T C V	

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FUNERAL DIRECTOR: IMPORTANT

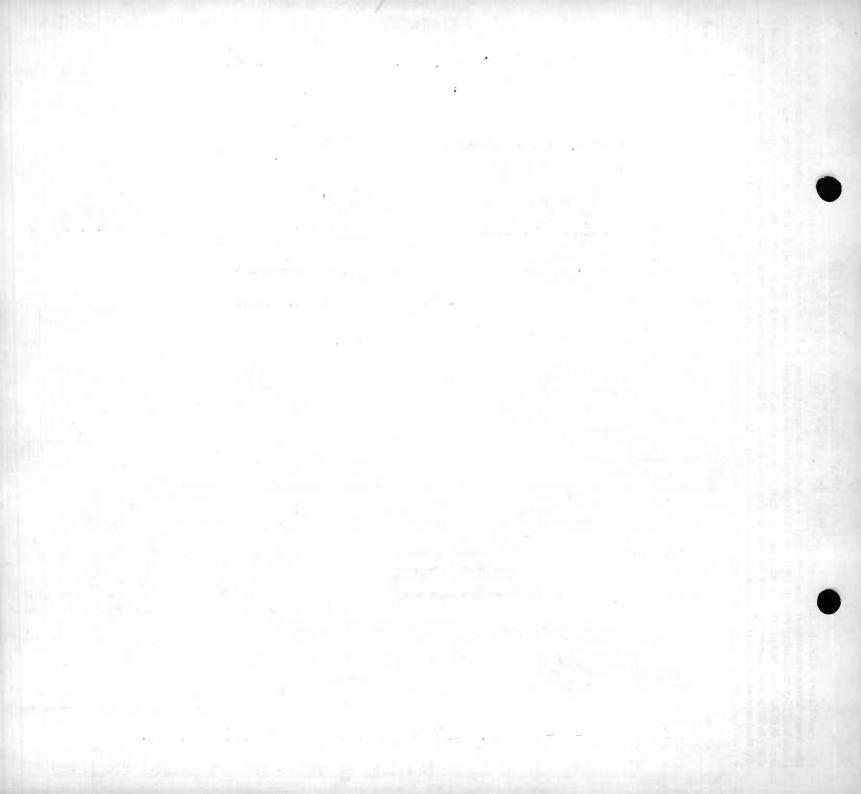
(Type or I	nnt)	Fletch	ner, Raymond T.	March	16, 1965	9:
3. PLACE	OF DEATH	H IN BALTIMORE, N		4. USUAL RESIDENCE (Who	ere deceased lived.	If institution: residence be
	NAME OF	(If not in hospite address or locat	ol or institution, give street ion)	Maryland  C. CITY OR TOWN (If or	NTY utside city limits, wri	Ballst
		St. Josep	h Hospital		rurol, give location)	03-00
5. SEX	16.	RACE	7, MARRIED, NEVER MARRIED	8454 Loch Rave	9. AGE (In years	If Under 1 Yr., If
Male		White	WIDOWED, DIVORCED (specify)  Married  ork 108, KIND OF BUSINESS OR INDUSTRY	March 9, 1902	lost birthdoyl	Months Doys Ho
Ret	, Bar	king life, even if retired ber	)	Baltimore, Mary	yland	12. CITIZEN OF WHAT COUNT USA
	R'S NAME			14. MOTHER'S MAIDEN NA	ME	
		n Fletche		Catherine	Worm	
15. Was D (Yes, no or	eceased Ev	er in U. S. Armed F f yes, give wor or do	orces?  1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			212321882	Lillian M.	Fletchen	same
18.	6.21	V I	CAUSE O			INTERVAL ONSET AN
DISE rise	foilure, os or compli AN ASES OR to the	meon the mode of thenio, etc. It meon cotion which couse TECEDENT CAUSI CONDITIONS, if obave couse (ACONDITION lost.	as the disease, did death.)  S  (B)  DUE TO  Only, giving	cinoma of lower		
DISE rise UND	ANASES OR to the ERLYING ( ER SIGNIFIC THE DEA	thenio, etc. It meoricotion which couse ITECEDENT CAUSI CONDITIONS, if obave couse (A CONDITION lost.  II CANT CONDITIONS TH BUT NOT RE ONDITION CAUSING PERATION 198. CO	and dying, e.g., is the discose, id deoth.)  (S)  Only, giving only, stoting the (C)  CONTRIBUTING ATED TO THE IT.  NOLTION FOR WHICH OPERATION	ung•		
DISE IT ON DISE TO DIS	ANASES OR to the ERLYING (  THE DEA ASE OR CO	thenio, etc. It meore cotion which couse TECEDENT CAUSI CONDITIONS, if obave couse (ACONDITION lost.  II CANT CONDITIONS THE BUT NOT RESIDITION CAUSING PERATION 198. COWAS PERATION WAS PERATION was presented to the country of the c	contribution for which operation reforms of right lung	20A. AUTOPSY? (Yes of N. Yes	ol 208. IF YES, WE	
DISE TISE UND TO THE TOTAL THE	AN ASES OR to the ERLYING OF THE DEA ASE OR CASE OR CASE OF CONTRIBUTION ON TRIBUTING	thenio, etc. It meore cotion which couse TECEDENT CAUSI CONDITIONS, if obave couse (ACONDITION lost.  II CANT CONDITIONS THE BUT NOT RESIDITION CAUSING PERATION 198. COWAS PERATION WAS PERATION was presented to the country of the c	cin dying, e.g., is the diseose, id deoth.)  (S)  Ony, giving Ony,	20A. AUTOPSY? (Yes of N. Yes	O) 208. IF YES, WE	RE FINDINGS CONSIDER CAUSES OF DEATH?
DISE is se UND TO DISE IS SE U	AN ASES OR to the ERLYING (  ER SIGNIFIC THE DEA ASE OR CASE OR CASE OR CASE OR THE OPEN TO NTRIBUTIN H (notify me to the case of the case	thenio, etc. It meoricotion which couse ITECEDENT CAUSI CONDITIONS, if obave couse (A CONDITION lost.  II CANT CONDITIONS TH BUT NOT RE ONDITION CAUSING PERATION 198. CO WAS PERATION 198. CO WAS PERATION CAUSING CAUSE OF CAUSE O	contributing ated to the it.  CONTRIBUTING ated to the it.  NOTION FOR WHICH OPERATION REGRADED  Cinoma of right lung  21B PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)	20A. AUTOPSY? (Yes of N. Yes	o) 208. IF YES, WE IN CERTIFYING (If in Bothin	RE FINDINGS CONSIDER CAUSES OF DEATH?
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NOTH TO DISE TIPE OF IN (APPR	AN ASES OR to the ERLYING ( ER SIGNIFIC THE DEA ASE OR CO DATE OF OIL TO NOT RIBUTINH (notify mo TIME (A JURY OX.)	thenio, etc. It meoricotion which couse (action which couse (ITECEDENT CAUSIC CONDITIONS, if obave couse (ACONDITION lost.	contributing  Atender of the interest of the i	20A. AUTOPSY? (Yes or N. Yes  n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	OI 208. IF YES, WE IN CERTIFYING (If in Bothir	RE FINDINGS CONSIDER CAUSES OF DEATH?
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NOTH TO DISE TO SELECT TO DISE TO DISE TO DISE TO DISE TO DISE TO SELECT TO DISE TO SELECT TO SE	AN ASES OR to the ERLYING (CER SIGNIFIC THE DEA ASE OR CODATE OF OIL TO NOTRIBUTH (Notify month) (A) Certify the (I) (we) Ia	thenio, etc. It meorication which couse (accion which couse (accion which couse (accion) and the couse (accion) and (accion) ac	CONTRIBUTING ATED TO THE IT.  NOITION FOR WHICH OPERATION RFORMED CINOMA OF PIGHT lung    218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)   (Hour) 21E. INJURY OCCURRED   White At   Not White At Work   Not White At   Not White At Work	20A. AUTOPSY? (Yes or N. Yes  The or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DtD IN.  21F. HOW DtD IN.  21F. HOW DtD IN.  21F. HOW DtD IN.	OF 208. IF YES, WE IN CERTIFYING  (If in Bothin	RE FINDINGS CONSIDER CAUSES OF DEATH? YOS more City, give exact local
WEDICE TISE UND OTHER TOTAL OF IN CAPPER 22. I that and he 23A. S	AN ASES OR to the ERLYING ( ER SIGNIFIC THE DEA ASE OR CCO ATE OF OIL THE DEA ASE OR CCO ATE OF OIL TON TRIBUTH H (notify me TAME (A) (I) (we) I a lignary and frignatury	thenio, etc. It meorication which couse (action which couse (action which couse). TECEDENT CAUSIC CONDITIONS, if obave couse (ACONDITION lost.  III. BUT NOT RESIDENT NOT RESI	CONTRIBUTING ATED TO THE IT.  NOITION FOR WHICH OPERATION REPORMED CINOMA OF RIGHT lung    218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)   (Hour) 21E. INJURY OCCURRED   White At   Not White At Work   Not Work At Work   Not Work At Work At Work At Work   Not Work At W	20A. AUTOPSY? (Yes or N. Yes nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN. e 19.65 and the liew the body ofter death.	OF 208. IF YES, WE IN CERTIFYING  (If in Bothin	RE FINDINGS CONSIDER CAUSES OF DEATH? Yes more City, give exact local lo
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WEDICE TO DISE	AN ASES OR to the ERLYING ( ER SIGNIFIC THE DEA ASE OR CO DATE OF OIL THE DEA ASE OIL THE DEA	thenio, etc. It meoricotion which couse (cotion which couse) (TECEDENT CAUSII CONDITIONS, if obave couse (A CONDITION lost.  II CANT CONDITIONS TH BUT NOT REDIVITION CAUSING PERATION 198. COURSE OF edicol exominer)  Was UNDERLYING NG CAUSE OF edicol exominer)  Month) (Doy) (Yeo at (1) (this hospit st saw the decease of the couses st course of the couse of the couse of the course of the couse of the course of the	CONTRIBUTING ATED TO THE IT.  NOITION FOR WHICH OPERATION RFORMED CINOMA OF RIGHT lung  21B. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.)  (Hour) 21E. tNJURY OCCURRED  White At Not While Work  all) ottended the deceosed fram  white At Work  all) ottended the deceosed fram  ottended obove. (I) (We) (did) (did not) white At Phy	20A. AUTOPSY? (Yes or N. Yes  n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN.  21F. HOW DID IN.  21F. HOW DID IN.  21F. HOW DID IN.  23D. ADDRESS  1400 N. Carolin	OF 208. IF YES, WE IN CERTIFYING  (If in Bothin IURY OCCUR?  19 65 ta Menot in (my) (aur) of in (my) (aur) of Phys.	arch 16.  238. DATE SIGNED  March 16.



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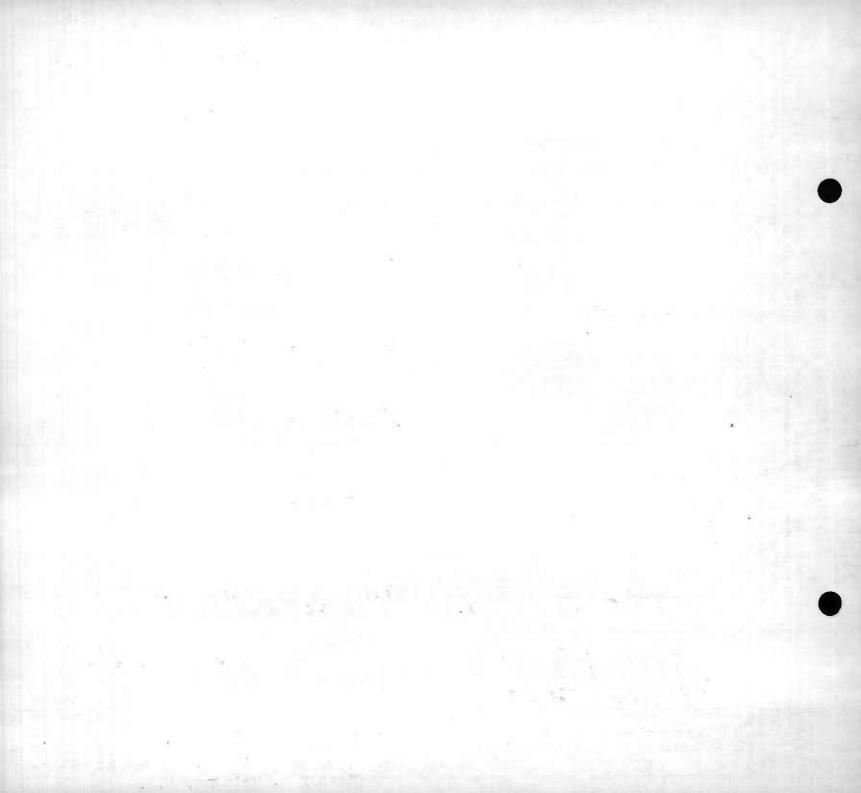
FUNERAL DIRECTOR:

M.E. CASE NO		CERTIFIC	CATE OF DEATH		- 65 289
1. NAME OF D (Type or Print)	Jero Jero	ome Leo Hahn, Sr.	Mar	. 16, 1965	12 45
FULL NAME HOSPITAL O	OF (If not in hospite R oddiess of local	AARYLAND ol or institution, give street	A. STATE B. CO	there deceased lived. If UNITY	institution: residence before o
)		ederal Street	D. STREET ADDRESS		
5. SEX male	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widower	8. DATE OF BIRTH Oct 17, 1890	9. AGE (In years lost birthday)	If Under 1 Yı. If Under Months: Doys Hours
10A, USUAL O			Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHERS N	AME	sperator	14. MOTHER'S MAIDEN N		0.S.A.
15. Was Deceas	chael J. He ed Even in U. & Armed I wn) (II yes, give wor or de	Forces? oles of service)  16. SOCIAL SECURITY NO.	(atherine	Ford	ADDRESS
no	with the yes, give wor or or	213-03-1284	Paul L. H	ahn	Same
1/5	ASE OR CONDITION DEAT	DIRECTLY	Carcinoma	d. +-	ONSET AND DEA
heort failu	not meon the mode e, aslhenia, etc. Il mean omplication which caus	ns the disease,			
rise lo	OR CONDITIONS, if the obove cause (A	f ony, giving			
UNDERLY	NG CONDITION lost.				
	-11	CONTRIBUTING PLANMA	the valoular &	disease the	10 gm
OTHER SIGN TO THE DISEASE OF THE DIS	II SHIFICANT CONDITIONS DEATH BUT NOT RE OR CONOITION CAUSING	CONTRIBUTING PLEUMA SIT.  CONDITION FOR WHICH OPERATION ERFORMED	the valoular &	No) 208. IF YES, WER	10 gan
OTHER SIGN TO THE DISEASE OF CONTROL OR CONT	III INIFICANT CONDITIONS DEATH BUT NOT RE OR CONOITION CAUSING	DNDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOPSY? (Yes of grain or obout 21 C. WHERE DID, office bldg., INJURY OCCUR?	No. 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OF THE DIS	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	218. PLACE OF INJURY (e. home, lorm, foctory, stree	g., in or obout 21 C. WHERE DID I, office bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DEATH (no TO TO THE DISEASE OF	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)	g., in or obout 21C. WHERE DID I, office bidg., INJURY OCCUR?	No. 20B. IF YES, WER IN CERTIFYING C	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locotion)
OTHER SIGN TO THE DISEASE OF 19A. DATE  19A.	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)	g., in or obout 21C. WHERE DID I, office bidg., INJURY OCCUR?  21F. HOW DID I	No. 208. IF YES, WER IN CERTIFYING CO. (If in Boltim	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact lacotion)  3 - /5 19  plnion death accurred on  23B. DATE SIGNED
OTHER SIGN TO THE DISEASE OF 19A. DATE  19A.	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	218 PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218 PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218 PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218 PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  219 While Al	g., in or obout 21C. WHERE DID I, office bidg., INJURY OCCUR?  21F. HOW DID I  While	No) 20B. IF YES, WER IN CERTIFYING COUR?  (If in Boltim  NJURY OCCUR?  19 55 to	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  3 - 15 19  plnfon death accurred on  238. DATE SIGNED  3 - 17 - 65
OTHER SIGNATE  OTHER SIGNATE  DISEASE CITY  19A. DATE  19A. DATE  19A. DATE  OR CONTR  OF CONTR  OF INJURY  (APPROX.)  22. 1 certification  that (1) (wand hour control  23A. SIGNA  23C. PHYSIGNAME	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION OF OPERATION IPSE. WAS PI WAS UNDERLYING BUTING CAUSE OF oify medical examiner)  (Month) (Doy) (Yea  The property of the courses stated from the causes st	218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.)  219. White Al	g., in or obout 21C. WHERE DID I, office bidg., INJURY OCCUR?  21F. HOW DID I  While	No. 20B. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR?  19 5 5 to	PINIONGS CONSIDERED AUSES OF DEATH?  ore City, give exact locotion)  3 - 15 19  pInion death accurred on the state of the



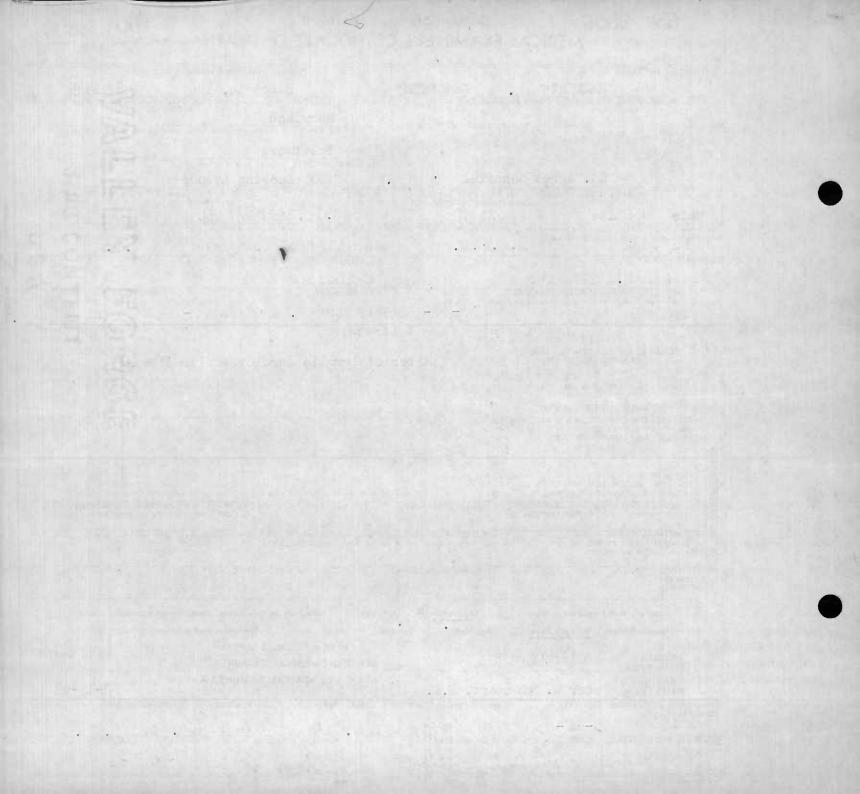
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FUNERAL DIRECTOR:



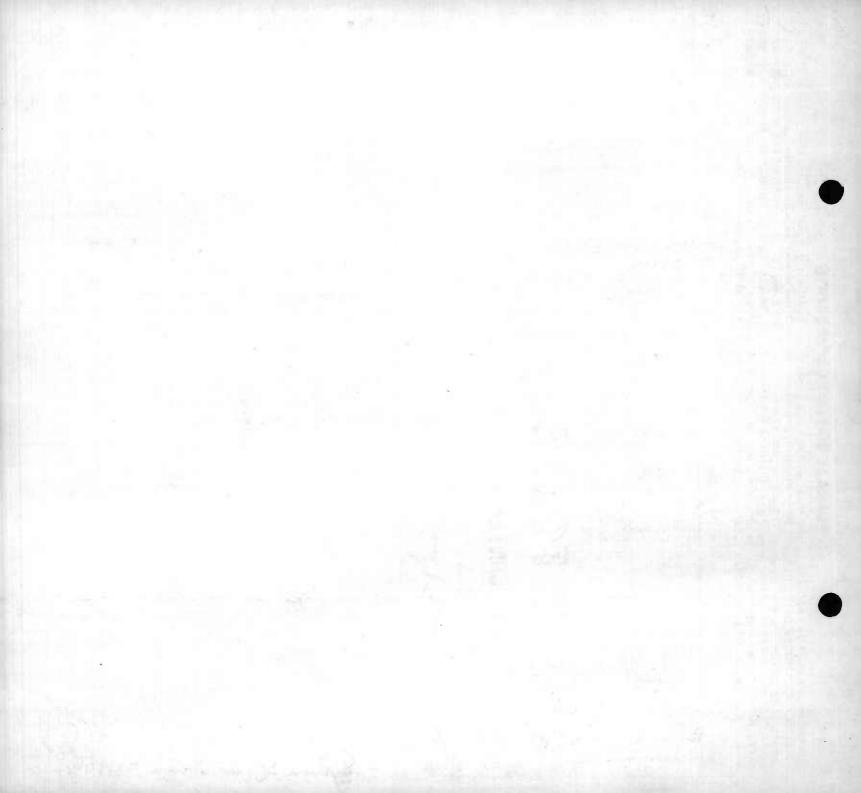
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TH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH R				
E CASE NO.								

M.	CASE NO.												
1. NAME OF DECEASED (Type or Print) HERBERT A. LANCASTER								2.	DATE AND	HOUR PRONOUNC	ED DEAD		
							March 14, 1965 11:45 P						PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							4. USUAL A. STATE	RESIDEN	CE(Where d	eceased lived. If ins	titution: reside	ence before	odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						Maryland							
						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
National									imore		1	- 0	diameter
St. Agnes Hospital							D. STREET ADDRESS (If rurol, give locosion)  2008 Deering Avenue						
_			Agne			•			Deerin				
5. <b>S</b>	t X	6. RACE			NEVER MARRIED DIVORCED (specify)	1	B. DATE O	FBIRTH		9. AGE (In years last birthday)		1 Yr. If Unde Days   Hours	
	Male	White		Marr					1910	54			1
		JPATION (Give ki warking life, even			BUSINESS OR IND	USTRY					12. CITIZEI WHAT	N OF COUNTRY?	
1	aall Ce	rk		B.O.1	R.R.					ryland	U.D		
	ATHER'S NAM						4. MOTHE	R'S MAIL	DEN NAME				
V	villiam	h.Land	cast	r			Cath	erin	e hof	fman			
		D EVER IN U.S.			16. SO CIAL SECURITY NO.	1	7. INFORM	ANT			ADDRESS		
	No A	, , o a, give w	or or dure.	2	16-03-52	294	Mert	ha M	. Lan	caster-20	008 De	ering	ATTO
	18.	73 1			C	AUSE	OF DEAT					INTERVAL BI	22 4 0 1
н	7											ONSET AND	DEATH
	DISEAS	LEADING TO		ECTLY	Art.	eric	refor	otic	cardio	vascular d	icase		
	(This does n	osthenio, etc.	mode of	dying e.g.,	DUE TO				002 020	/vasourar a	Theast		
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	DISEASES	OR CONDITIO	NS, IF A	NY, GIVING	(B)								
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Z					(C)					•••••			
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S		DEATH BUT											
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CER	19A. DATE OF		9B. CONI		WHICH OPERATION	1	20A. AU	TOPSY?		OB. IF YES, WERE FI			He.
								No					
۲ ک	UNDERLYING	OR CONTRIB-		218. home	PLACE OF INJURY , form, foctory, str	(e.g., ir	or obout ;	21C, WH	ERE DID (II	f in Boltimore City, g	ive exact lac	cation)	
W	UTING CAU	SE OF DEATH.		etc.)									
	21D TIME	(Month) (Da	y) (Year)	(Hour) 2	E. INJURY OCCUR	RRED	2	IF. HOW	DID INJUI	RY OCCUR?			
	OF INJURY (APPROX.)			V	HILE AT	NOT W	HILE						
	22.					AT WC	ORK				-		
Н	1 cert	ify that I held	d on Ir	quiry	Inspection X	Auto	psy	ond t	hat an this	bosis, deoth In	my opinion		
	resul	ted from: Not	urol cou	ses X A	ccident S	uicide	□ н	omicide	U	ndetermined monn	er 🗌		
		11	101	1. 1			CHI	EF MED	ICAL EXA	AMINER .		DATE CH	CHED
	SIGNAT		WIL	1007	1	W D	ASSISTA	NT MED	ICAL EXA	AMINER		DATE SIG	SMED
	EXAMIN	OKL			1					AMINER			
	NAME (	Type) Pete	er W.	Riecke	rt, M.D.							3-15-6	5
	BURIAL CREA		DATE	230	C. NAME OF CEMET	TERY or	CREMATO	RY	23D. LO	CATION (City	, town, or co	ounty)	(State)
KEN	Burial	3-	18-6	5 14	endownia.	(00	( m	D- 1	Ho	ward Co.	Dance	. 1/2	
		BY HEALTH DI			eadowride of REGISTRAR	EG !			DIRECTOR	ward Co.		DDRESS	
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	IY.	HU TE	1965 (	bosels	C. Janky	Arth .	270	Redi	4/4	uperl -	100	ONU	1008
VS	151-REV. 1/1/	65			1 m			1	1				1



	65 2897		BALTIMORE CITY	HEALTH DEPAR	RTMENT		65 2897
BIRTH NO. M.E. CASE NO.	00 2001		CERTIFICA	TE OF DE	EATH	Registered No.	. 00 203/
I, NAME OF DE	CEASED		HINES ST.		2. DATE AN	ID HOUR OF DEATH	
Type or Print)	Aileen Stewar				March	16, 1965	2:00 P.
PLACE OF DI	EATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESID	B. COUN	re deceased lived, if	institution: residence before odmi
FULL NAME HOSPITAL OR	OF (If not in hospital a		give street	Maryland		tside city limits, write	RURAL and give township)
INSTITUTION	Baltimore	City Ho	spitals	Baltimor			/
	4940 Easte			D. STREET ADDI		rural, give location)	
	Baltimore			853 W. U	hivers	ity Parkway	
. SEX		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT	н	9. AGE (In years	If Under 1 Yr. If Under 2
Female	White		o, DIVORCED (specify)	5-9-1918		lost birthdoyl	Months Days Hours A
	CUPATION (Give kind of work						12. CITIZEN OF
	of working life, even if retired)			Baltimo			WHAT COUNTRY?
Secret				Maryland			U.S.A.
3. FATHER'S NA				14. MOTHER'S M			
La	awrence Mallo	n		Edna l	Mae Ai	uer	
5. Was Decease	ed Ever in U. S. Armed Ford	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,	3. 55171667	215-18-9019	Ellswort	hArm	acost 4600	Liberty Height
1B. / A	44. 1. 1		CAUSE O		LAWKING	74 WARREN	INTERVAL BETWEEN
DISEA	ASE OR CONDITION DIR	ECTLY					ONSET AND DEAT
Discr	LEADING TO DEATH	LC IL I	Pemr	phigus (Bullous)			10 Years
	nat mean the made of		DUE TO			*********************	
	, asthenia, etc. It means						
	ANTECEDENT CAUSES		(B)			e di di distributività di distributiva di questi depresso piete di dipiti di figili di dipiti perdudipiti	***************************************
DISEASES	OR CONDITIONS, if	anv. giving	DUE TO				
rise to t	he above cause (A)		(C)				
UNDERLYIN	IG CONDITION last.						
Z	11	ONITRICLITA		100			
E TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA	TED TO TH		424			2 D
U 19A DATE O	F OPERATION THE CONTRACTOR OF STREET		Hyperstero	20 A. AUTOPS		1 208 IF VEC WERE	3 Days
19A. DATE O	WAS PERF		THICH OFERATION			IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21R	PLACE OF INJURY (e.g., i	n or obout 21C. W		Yes (If in Boltimo	ore City, give exact location)
OR CONTRIB	BUTING CAUSE OF	hom etc.)	e, form, foctory, street, of	fice bldg., INJURY	OCCUR?	tir in politimo	only, give exect toconent
U	fy medical examiner)						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		M DID INT	URY OCCUR?	
(APPROX.)		Whi	le At Work	e 🗌			
22   1	y that (1) (this hospital	) attended th	no deserved from NO	vember 30		19 64 to Ma	rch 16, 19 6
			Mamah 76		<b>*</b>		
	e) lost saw the decease					of in(my) (our) op	oinion deoth occurred on th
	nd from the causes stat	ed obove. (I	) (We) (did) (did not) v	view the body of	iter deoth.		
23A. SIGNAT		0				e. 0	23B. DATE SIGNED
	-/-	unh	M.D. Atte		rector	Stoff Phy s.	March 16, 1965
23C. PHYSICI	IAN'S			23D. ADDRESS			
NAME	Robert	Cooke	M.D.	4940 Eas	tern As	venue 2122	1
24A. BURIAL CR	EMATION, 248, DATE		AME of CEMETERY OF CRI				City, town, or county) (Si
REMOVAL	(Specify)						
Buria			w Cathedral			altimore, N	
ZOA. DATE REC'	AND 1 0 1005	25B. NAME C	070	6 Chair	WILL TO	bracost	ADDRESS
	MAK TO 12PD (	Colesto.	E. Jankou M. A.	Ellswo	rthAr	macost 460	00 Liberty Heigh
VS 150-REV. 1/1	/65	ī d		. Bred	-		

65	2898		Y HEALIH DEPARIMENT		30-70-43
BIRTH NO. M.E. CASE NO.	2000	CERTIFICA	ATE OF DEATH	Registered No.	30-70-43
I. NAME OF DECEASE				AND HOUR OF DEATH	
(Type or Print)	ex Estrin			3/16/65	1145
3. PLACE OF DEATH	IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: residence before adm
FILL NAME OF	01 1 2-1 1			Aurel	(1) il mus
FULL NAME OF HOSPITAL OR	(If not in hospital or in address or location)	istitution, give street			RURAL and give township)
INSTITUTION	. , , , ,	. / /	Laurel		66-00
Universi	ty Hospi	to/		(If rural, give location)	1-5
			Turt Mo	tou Court	
5. SEX 6. R.	ACE W 7.	MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours
		, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
Reported		12.115	E.se.		WHAT COUNTRY?
13. FATHERS NAME	1	vews paper	ENGLAN 14. MOTHER'S MAIDEN	U D	0011
7			2	-C1416	
: MAX			17. INFORMANT		
15. Was Deceased Ever (Yes, no or unknown) (If y	r in U. S. Armed Forces? yes, give wor or dates at	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
			DALINE 15	Aker Dro	19 hrea
1B. 0 8 9	XI	CAUSE	OF DEATH		INTERVAL BETWEE
	R CONDITION DIRECT	TLY	1 11		ONSET AND DEA
LEA	DING TO DEATH	(A) /4C	ite MyocAn	dist	4 24 hrs
	nean the made of dyi Jenia, etc. It means the	ing, e.g., DUE TO	7 1	C. S. /	0 ma antimo <b>0</b> material de 6 de como 6 de como mordo 6 de 6 como
	ation which caused dec	alh.)	OC LINTARCI	100	
ANTI	ECEDENT CAUSES	(B)	DUESITYXX	yper Tensic	434 hrs
DISEASES OR	CONDITIONS, il any	, giving	/	, ,	
uise to the a	bove cause (A) sla	iling the (C)	888 888 888 8 8 8 7 7 4 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	00	
ONDERENING CO					
O OTHER SIGNIFICA	II INT CONDITIONS CON	TRIBUTING			
E TO THE DEAT	H BUT NOT RELATED	TO THE NONE			
U 19A. DATE OF OPE	ERATION 198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPE	6	VICE O	yes	IN CERIIFING CA	AUSES OF DEATH!
OR CONTRIBUTION	VAS UNDERLYING	218. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg. INJURY OCCUP	(If in Boltimo	re City, give exoct locotion)
DEATH (notify med		etc.)	January Stage Stag		
0 21D. TIME (Me	onth) (Doy) (Yeor) (H	lour 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S OF INJURY		While At Work Not Wh	ile		
	<i>-</i>	Work At Work	7004 2/16/CK	- 10	US AM 3/11.
			20 MM 3/18/63	19to/_′	7) /11-1 // 19
	t sow the deceased o	~ / /			inion death occurred on t
	m the couses stated	obave (() (We) (did) (did not)	view the body ofter deat	h.	
23A. SIGNATURE	, 0 1	Λ		N. Santana	238. DATE SIGNED
/tem	1 H. 15 ohs	man M.D. M.D. At	tending Med. ys. Director	Stoff Phys.	3/16/65
23C. PHYSICIAN'S			23D. ADDRESS		11.
NAME (Type)	Hearry H.	Bohlman M.D	( Noivers	ity Hasa	tal 1
24A BURIAD CREMAT	ION. 24B. DATE	24C, NAME of CEMETERY OF C	0.00,000	LOCATION	City, town, or county)
REMOVAL Speci	(N) 3	9	240	) I	On C
Durial	3/18/02	West Lawn	Corneley	Movedge	- 111
25A. DATE REC'D BY		NAME OF REGISTRAR	25C FUNETAL DIRECT	OR (	ADDRESS O
MAH	R 18 1965 (R	DO THE Salke MA	1 Sylvano	s: Leuro or S	on 33190ym
VS 150-REV. 1/1/65			(-)	A1.	A



VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. D. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD LEONTINE PUKK March 16, 1965 11:45 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) ST. AGNES HOSPITAL 4510 Pen Lucy Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. WIDOWED, DIVORCED (specify) Female White 65 Married Sept. 11, 1899

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Wife Own Home Res. Alien USA Leningrad
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME August Eichhorn Henriette Kilgas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. NO Eugene Pukk 1543 Langford Rd. #7 NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massive pulmonary embolism (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) popliteal vein phlebothrombosis ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING OR CONTRIBhome, form, foctory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinlan resulted fram: Natural causes X Hamicide Accident Sulcide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINERX SIGNATURE 3-16-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) John E. Adams, M.D. 23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (State) (City, town, or county) REMOVAL (Specify) Burial 65 Lorraine Baltimore & 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR John T. Stansbury 6411 Windsor Mill

· / 7 = 5 / 4 / 4 / 4

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VS 150-REV. 1/1/65

248 NAME OF REGISTRAR

VS 151-REV. 1/1/65

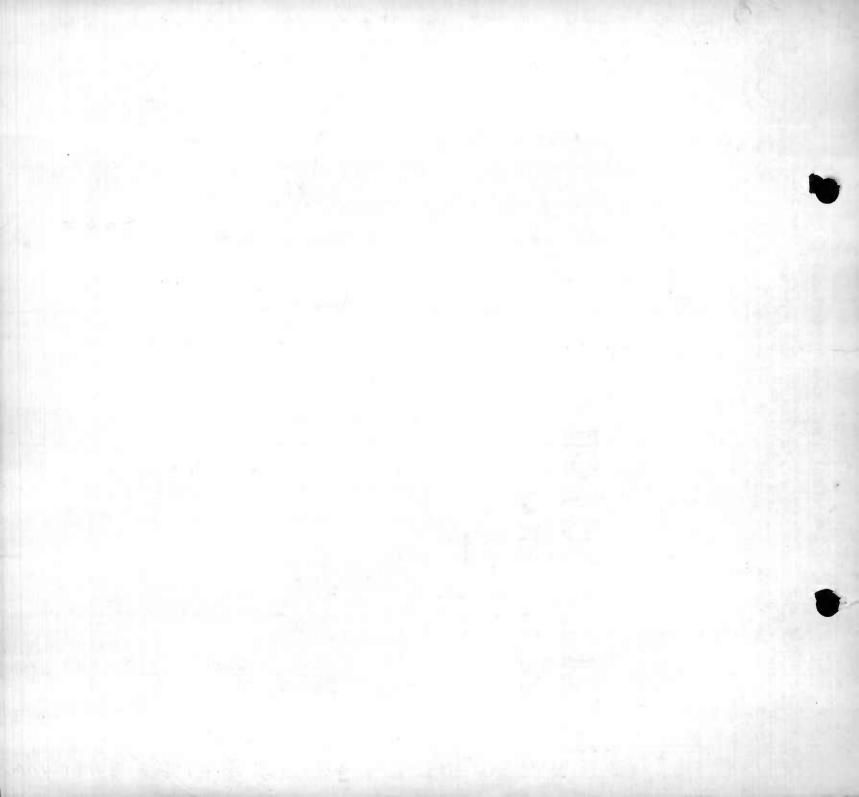
24C. FUNERAL DIRECTOR

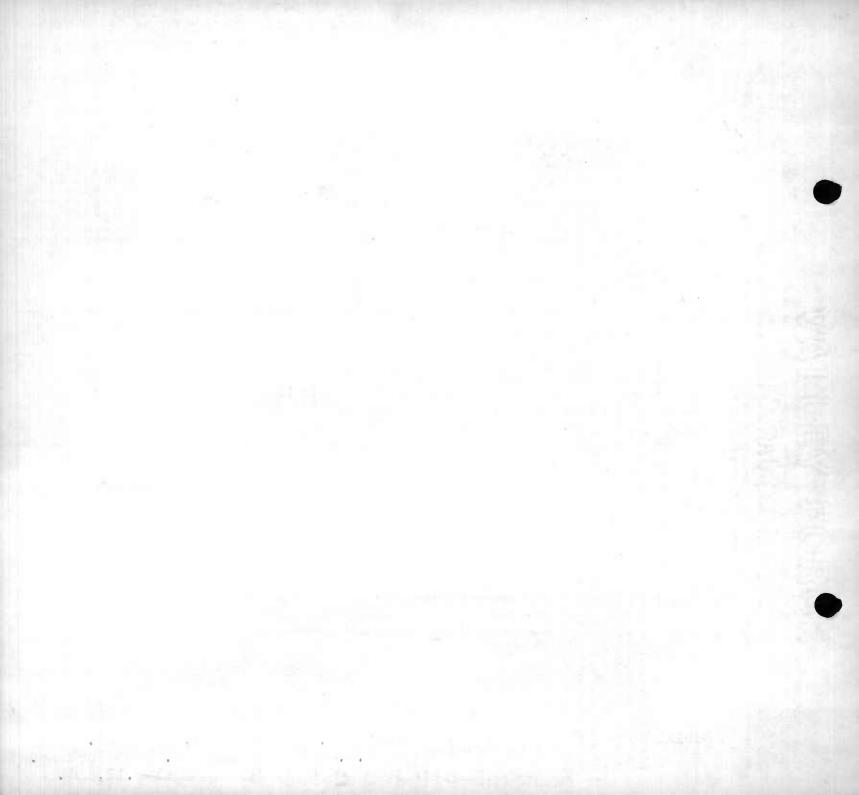
R.V. Singleton.

Glan Burnie, Md.

ALCTORED CONTRACT CONTRACTOR AND ADDRESS AND ADDRESS AND There is the state of order (after) Eleganon - miles and Total Carlos of a tale of Physics I was a state of the large of the state of the st

BALTIMORE CITY HEALTH DEPARTMENT

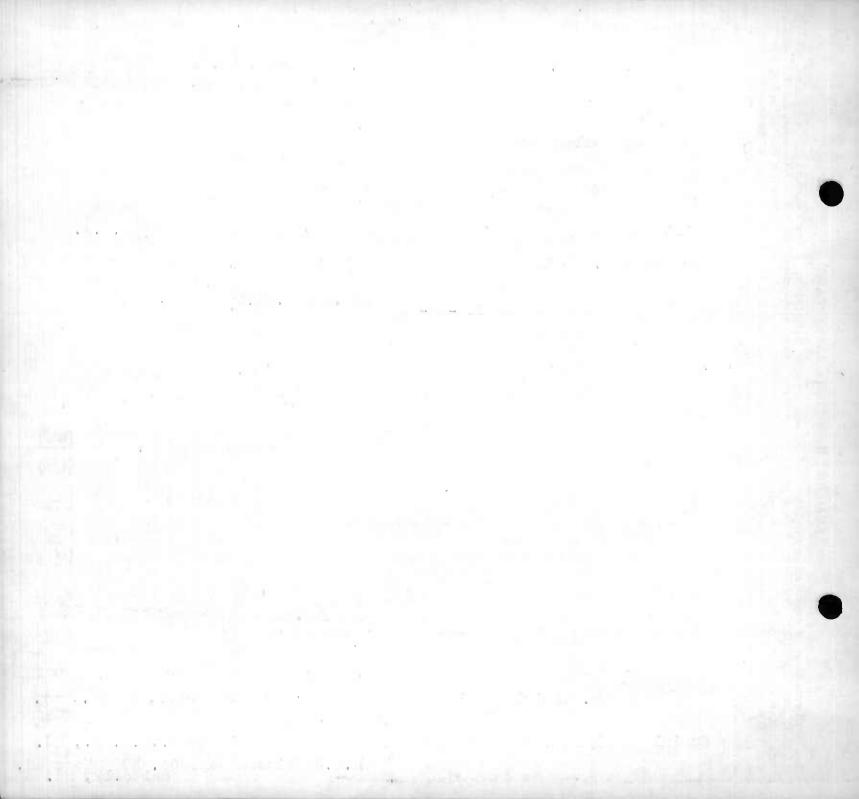




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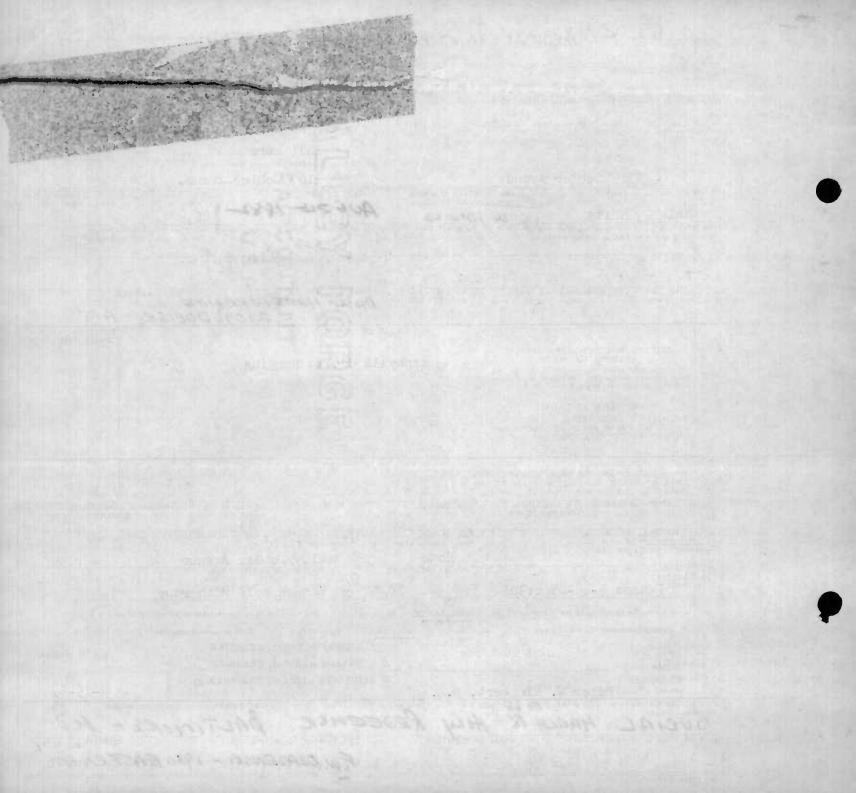
DIRECTOR:

FUNERAL

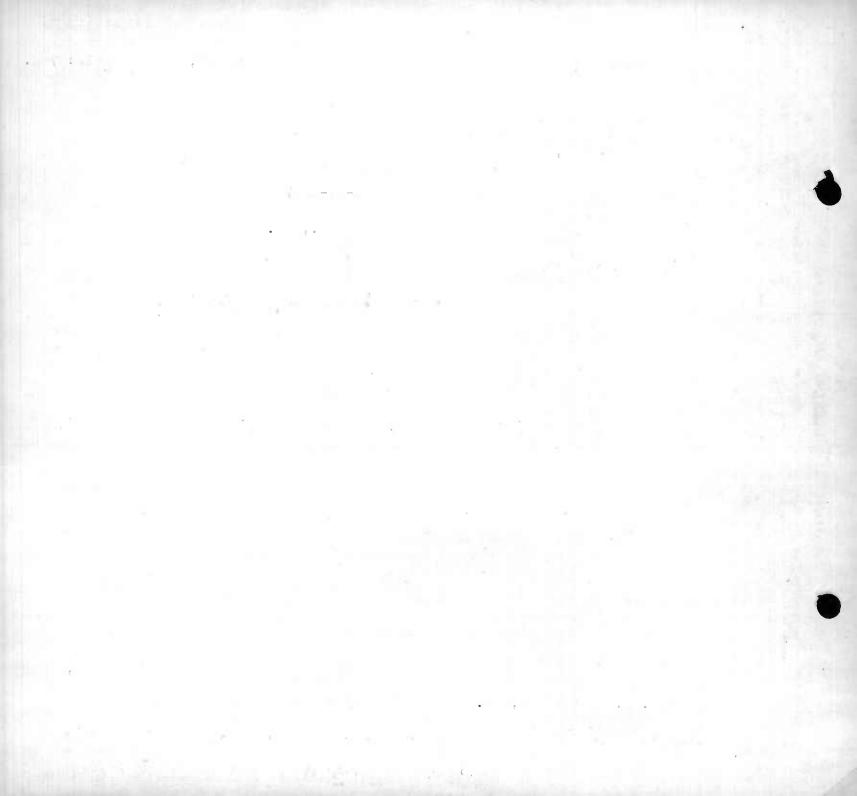


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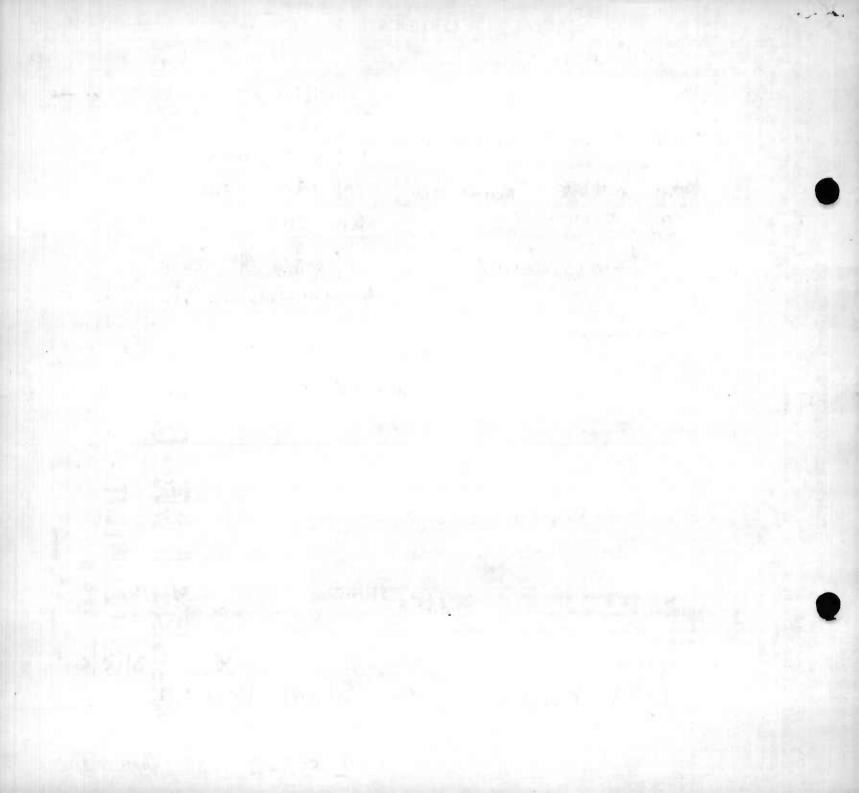
C1	5 2005		SALTIMORE CITY HEA	the state of the s		65	290.5
BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICATE	OF DEATH Registe	red No.	
M.E CASE NO.					ATE AND HOUR PRONOUNC	SD DSAD	-
1. NAME OF DI	ECEASED		1 3 4 4 1	2. 0	ATE AND HOUR PRONOUNC	ED DEAD	والأفراء احدوق
	FRANK	P.	MONTEFERRA		March 15, 1965		
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	Where deceased lived. If ins	itution residence bef	orè admiss
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TON, GIVE STREET	Maryl			
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	(If buiside corporate limits with	RURAL and give to	wnship),
				Balti		1-02	100
				D. STREET ADDRESS	(If rurol, give location)		
	2109 Dobler	Avenue		2109	Dobler Avenue		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If	Under 24 H
Male	White		Dow ED	AU624	1882 82		10013
TOA. USUAL OC	CUPATION (Give kind of wor	KIOB KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote		12. CITIZEN OF	i
done during most o	of working life, even if retired)	RET	1400)	ITAL	_Y	WHAT COUN	TRY?
13. FATHER'S NA	ME	1-6-1	1-60	14. MOTHER'S MAIDE	NNAME		
G10114	TNNI MON	TG CGP	PANTE				
	SED EVER IN U.S. ARMEL		16. SO CIAL	17. INFORMANT		ADDRESS	
	vn) (If yes, give wor or dote		SECURITY NO.	PAUL HOIVT	EFERRANTE		
					2109 DOBLE	ER AVE	
1B.	74X		CAUS	E OF DEATH			AL BETWEE
DISE	ASE OR CONDITION D	RECTLY				ONSET	AND DEAL
	LEADING TO DEATH	1	(A) Asphyo	ria due to ha	nging		
heort foilur	not meon the mode of re, osthenio, etc. It meons complication which coused	the disease.	DUE TO				
injury or c	omplication which coused	deoin,/					
	ANTECENDENT CAUS		(8)				
DISEASES RISE TO T	OR CONDITIONS, IF A	ANY, GIVING	DUE TO		***************************************		
UNDERLY	ING CONDITION LAST.					F 14 1 10	
8			(C)				
OTHER SIGN TO THE DISEASE (19A. DATE C	II GNIFICANT CONDITIONS	CONTRIBUTION	ıc			200	
O THE	DEATH BUT NOT RE	LATED TO TI	HE				
S 194 DATE C	OR CONDITION CAUSING		VHICH OPERATION	20A ALITOPEV2 (Vo	or No) 20B, IF YES, WERE FI	NDINGS CONSIDER	ED.
2	WAS PER		VIIICII OTEXATION		IN CERTIFYING CAU		
ZIA. EXTERN	AL CAUSE WAS	21 R. I	PLACE OF INJURY (e.g.	NO NO WHER	E DID (If in Boltimore City, gi	us exact location)	
OUNDERLYING	OR CONTRIB-	home,	form, foctory, street,	office bldg., INJURY OC	CUR?	VE EXOCI IOCOIIOII)	
#	DEATH.		Home	2109	Dobler Avenue		
OF INJURY	(Month) (Doy) (Yeo	n) (Hour) 2	IE. INJURY OCCURRED		ND INJURY OCCUR?		
(APPROX.)FO	ound: 3-15-65	6:30Am. W	HILE AT NOT	WHILE X Hange	d self with rope	e	
22.							
	rtify that I held an I		Inspection X Au		t on this bosis, deoth in r		
resu	ulted from: Notural ca	uses A	ccident Suicio	le X Hamicide	Undetermined mann	er 🔛	
ACTIV		1/1	- 10 11		CAL EXAMINER	DATE	SIGNED
SIGNA		, ,	LI M.C	ASSISTANT MEDIC	CAL EXAMINER		0.0
EXAMI	NER'S				CAL EXAMINER X	13 11 11 11	
NAME	(Type) Peter W.						5-65
23A, BURIAL CR REMOVAL (Speci		19 65 230	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	, town, or county)	(Stote)
BUR!	7L MARG	4 18	40LV RED	EEMER	PALTIMO	RE- M	10
24A. DATE REC'I	D BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERAL D		ADDRESS	>1231
	1600 4 0 400F	A .	A 90 0				



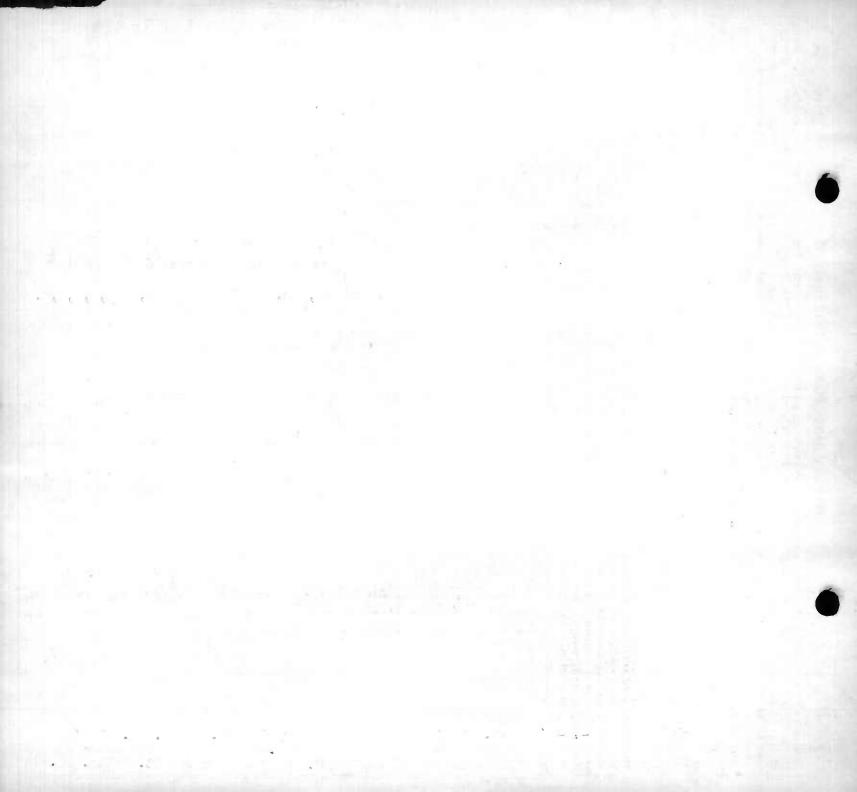
			BALTIMORE CITY	HEALTH DEPART	MENT	
BIRTH NO.	65 2906		CERTIFICA	TE OF DE	ATH Registere	d No. 65 2906
M.E. CASE NO.		-			DATE AND HOUR OF D	DEATH
(Type or Print)	Emeline John	con		4		1965   11:37 a.N
3. PLACE OF D	EMELLINE SOUTH			14 USHAL RESIDE	NCF (Where deceased live	ed. If institution: residence before admission
				A. STATE	B. COUNTY	111 120
FULL NAME	OF (If not in hospital	or institution, g	give street	Marylan		14-0
HOSPITAL O	Provident H	ospital		C. CITY OF TOWN	Iff outside city limits,	write RVRAL and give township)
	1514 Divisio		et	Baltimo		
	Baltimore, I			D. STREET ADDRE		
	- d_ d_ d_ mo 10 ,			11	ivision Stree	et
. SEX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In year	Months Doys Hours Min.
Female	Negro	Sing.	le	1-14-189	fost birthday)	
	CUPATION (Give kind of wor			11. BIRTHPLACE (S	tote or foreign country)	12. CITIZEN OF
1	of working life, even if retired)	100		D-14-	Ma	WHAT COUNTRY?
(00		L		Balto.,		USA
3. FATHER'S N.	AME			14. MOTHER'S MA	AIDEN NAME	
HOP	Ry Johnson	N		TANI	vie GRA,	N 1.
	ed Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unkno	wn) (If yes, give wor or dote	es of service)	SECURITY NO.	161	Ripp 1609	D 51
10			217-09-7411	18 MA	KIDD 1607	DINIZION DI.
18.60	XX		CAUSE	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	7.	02-11/1	1-10-11 11	1 more
(This does	not meen the mode of	duing ag	(A) SELECT	DOENAL	FETULA	Jo WEEKS
hearf failur	e, asthenia, efc. It meons	the diseose,	201 10			
injury or c	omplication which caused	death.)	4	YARON NIE	0460515	10 485 (3)
	ANTECEDENT CAUSES		DUE TO	The second second		
	OR CONDITIONS, II		11.	1- 1/m	PAROLITHI	9515 10-15 YES
	the obove couse (A)	stoting the	(C) / /G	7/1/6	(1/////////////////////////////////////	13/13/10
O. L. DENETT						
Z OTHER SIG	II SNIFICANT CONDITIONS (	ONTRIBILITING	3			
E TO THE	DEATH BUT NOT RELA	ATED TO THE	E			
	OF OPERATION 198. CON		VHICH OPERATION_	20A. AUTOPSY?	(Yes or No) 20B. IF YES.	WERE FINDINGS CONSIDERED
= 13/2/	WAS PER	FORMED	JHYDEO			G CAUSES OF DEATH?
U 21A, ACCIE	DENT WAS UNDERLYING		PLACE OF INJURY long.	n or obout 21 C. WHI	ERE DID (If in E	Soltimore City, give exact location)
OR CONTRI	DENT WAS UNDERLYING	hom etc.)	e, lorm, foctory, street, o	ffice bldg., INJURY	CCUR?	and and a second to second
U	tify medical examiner				h	
OF INJURY	(Month) (Doyl (Year)		INJURY OCCURRED		V DID INJURY OCCUR?	
(APPROX.)		Whi	le At Not Whi	le 🔃		
22	fy that (1) (shis haspita				1965 to	MARCH 16. 19 65
			Marcia	Lockett To	17 Wal 10	angement to the control of and surgery and Y and to the con-
thot (I) (w	iost saw the decease	ed dlive on	1	19	ond that in (my)	x) opinion death occurred on the dat
	and from the couses sto	ted obove. (I	) (Me) (giq) (q <del>iq uo</del> i) (	view the body ofte	er deoth.	
23A. SIGNA	TURE		1/4			23B, DATE SIGNED
KI	1. 11/22/302	cally,	M.D. Att	ending Mer	d. Stoff Phys.	March 16, 1965
23 C. PHYSIC	CIANS	-/-/		23D. ADDRESS	7.7	20, 2707
NAME			M.D.	2720 7	b Dl	
	R. A. Montgom		•		taw Place	
AA. BURIAL C		24C. NA	ME of CEMETERY or CR		24D. LOCATION	(City, town, or county) (Stote)
DURIA	9L 3-28-6	.S 1	It. Aubur	N	BA to.	Md.
SA. DATE REC	D BY HEALTH DEPT.	25B. NAME C		25C. FUNERAL		ADDRESS
	MAR 1 8 1985	R. O. F.	E starker Mile	Martis	v & Duott	· 916 PENNA AND
	THE PLANT OF THE PARTY	MACH		JII	The same of the	11-1-101011 HVX

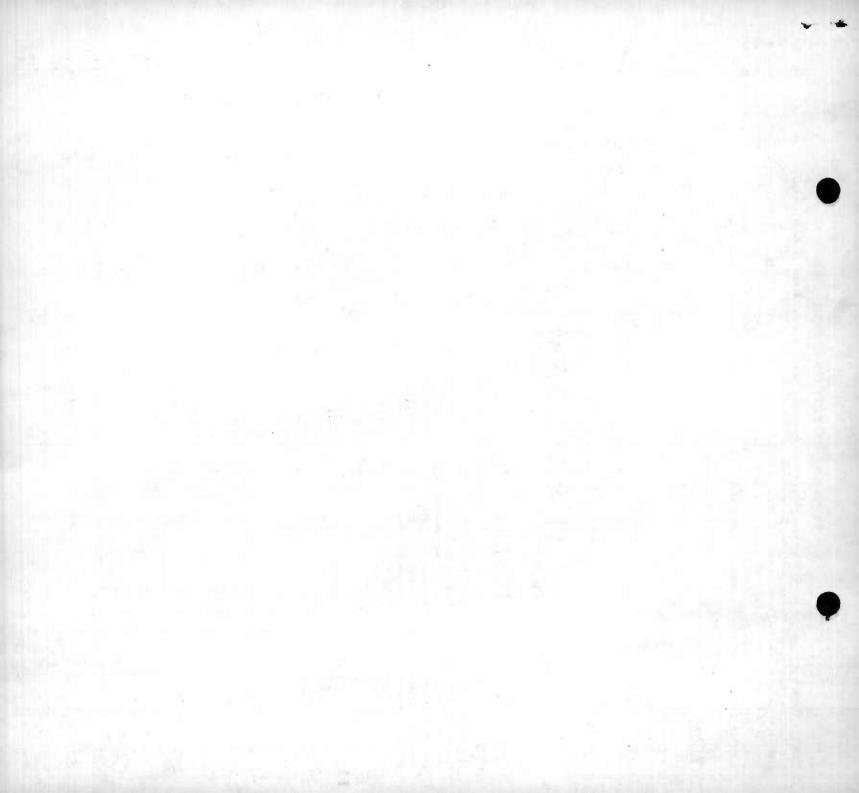


6.8				BALTIMORE CITY	HEALTH DEPARTMENT	,	CE 900'7
	H NO.	65 290	77	CERTIFICA	TE OF DEATH	Registered Na	65 2907
1. N	AME OF DECEA		CON	JELL.	2. DATE AN	165 92	5   P.
3. P	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		A. STATE B. COUN	ITY The state of t	titution: residence before odmission)
	ULL NAME OF	(If not in hospital oddress or lacation		give street	MARYLAND C. CITY OR TOWN (11 OUT		THIS 300
) "	NSTITUTION	HACOT	11 6 -	0.000000	BALTIMO	2E	URAL and give township?
	SINHT	402411	11 Of	BALTIMORE	D. STREET ADDRESS (IF	rural, give location) MERALD	RUAD
5. S	MALE 6	WHITE	WIDOWED	NEVER MARRIED  D, DIVORCED (specify)  - 12216	3/1/1911	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ATION (Give kind of worl rking life, even if retired)	CASY	ELEC LO	MARYLANT	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. (	FATHERS NAME	hardes 02	TONNEL	/	URSU/4	M. SchEE	/
Yes	Was Deceased Es, no ar unknawn) (f	ver in U. S. Armed For f yes, give wor or date WWA	ices? es of service)	16. SOCIAL SECURITY NO. 212-05 - 2854	VINGINIA G'CO	NNell BA	& Emerald Roa
	18. / / 0	191		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LE	OR CONDITION DIE EADING TO DEATH meon the mode of		(A) re	rebral Metas	lasis	3 weeks
	heart failure, as injury or compl  AN  DISEASES OR rise to the	sthenia, etc. II means icotion which coused ITECEDENT CAUSES  CONDITIONS, if above couse (A)	the disease, deoth.)	(B) MC	I quant Me	Janoma	3 months
ATION	OTHER SIGNIFIC	CONDITION lost.  II  CANT CONDITIONS CANT NOT RELADITION CAUSING	ATED TO TH				
CERTIFIC	19A. DATE OF O	PERATION 198. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21 B. hom etc.)	e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
	21D. TIME OF INJURY (APPROX.)	Month) (Doy) (Year)		INJURY OCCURRED  ile At	21F. HOW DID INJ	URY OCCUR?	8 4 5
	22. I certify th	at (T) (this haspital	l) attended ti	he deceased fram 3	165	19 to 3/1	5/65 19
	that (H) (we) Ic	st saw the decease	ed alive an	3)1565	19and th	at in (my) (aur) apin	ian death accurred an the date
- 1	and haur and f		ted abave. (1	(We) (did) (did not) v	iew the bady after death.		DOD DATE CICATED
	MAO	Mu / /2	. Da.	M.D. And	nding Med.	Staff Phys.	3 I C G
	23C. PHYSICIAN NAME (Type	5	-don	0	23D. ADDRESS	HOSPITAL	0/13/03
24A	BURIAL CREMT		24C. N/	AME of CEMETERY of CRE	MATORY 24D. L		v. tawn, ar county) (State)
1	BURIAL	3-19-6	3 Ma	SKRIANU MEM.	PARKLEM 1	DAILO	MD
25A	MAR"18"	1965 P.L.	TE STO	abeutia ()	25C FUNERAL DIRECTOR	YSON 8802,	MARTORN RD.
VS	150-REV. 1/1/65						



BIRTH	NO. 65 29	08 CERTIFICA	TE OF DEATH	Registered Na.	2908
1. NA/	OF DECEASED OF Print) Milored Fa	owler	2. DATE AND	HOUR OF DEATH	5 4:00 P M.
FUI HO	LL NAME OF (If not in hospital or institut SPITAL OR oddress or tocotion)	, 1	Maryland B. COUNT		tion: residence before admission)  AL ond give township)
m	aryland General	Hospital	had a color	rol, give location)	t.
5. SEX	E / \ wide	RIED, NEVER MARRIED WED, DIVORCED (specify)		AGE (In years of M.	Under 1 Yr. th Under 24 Hrs. onths Doys Hours Min.
	SUAL OCCUPATION (Give kind of work 10B, KIN uring most of working tite, even if refired)	OF BUSINESS OR INDUSTRY	Mary land	n country)	2. CITIZEN OF WHAT COUNTRY?
15. We	THER'S NAME  Andrew Nawre  Is Deceased Ever in U. S. Armed Forces?  o prunknown)(It yes, give wor or dotes of serv	16. SOCIAL SECURITY NO.	17. INFORMANT	A Gale	ZYNSKI'
1	/ / -	217-12-3158		nfield Fowler	, # 4,a,b,c,d.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meon the mode of dying, eort foilure, osthenio, etc. It meons the dise		Lastatic Caro Stomach	inoma of	INTERVAL BETWEEN ONSET AND DEATH
C ri	njury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give to the above cause (A) stating INDERLYING CONDITION lost.				
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	Too A		
ERTIFIC	PA. DATE OF OPERATION 198. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?
0 2	A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notity medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
\$ O	ID. TIME (Month) IDay) IYear) (Hour) FINJURY APPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID INJU	RY OCCUR?	
+1	<ol> <li>I certify that (I) (this haspital) attended nat (I) (we) last saw the deceased alive and haur and from the causes stated above</li> </ol>	an March 13		t in(my) (aur) apinia	n death accurred on the date
	SA. SIGNATURE Jelley	Phy			Mar 15, 1965
24A.	BURIAL CREMATION, 24B. DATE	M.D.	Maryland EMATORY 24D. LO	General CATION ICity,	Hospital
Bu	rial Mar-19-1965	St. Stanislaus	Dundalk 25C. FUNERAL DIRECTOR	Ave. Balto.	Md. 21224 ADDRESS
N	MAR 18 1965 Robert E.	Followin O 1		829 Hudson St	Balto. Md. 24
V3 15	0-REV. 1/1/65				

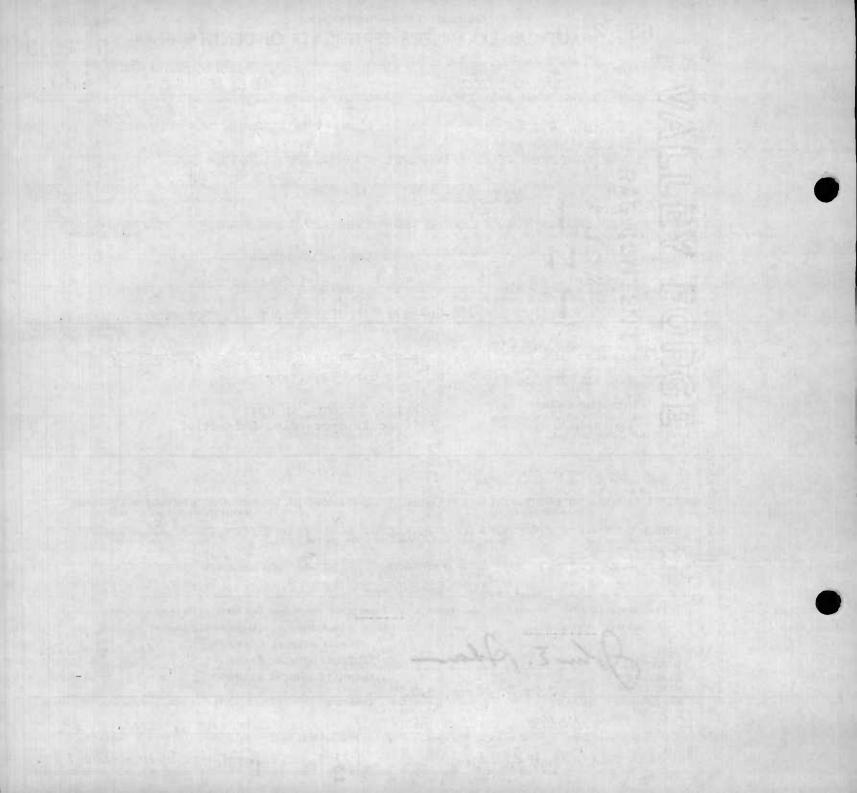




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	Fred	P	7		ч.	16	9

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1	60
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	4

	H NO.	MEDI	ICAL EX	AMINER 3 CI	KIIFICAI	E OF D	EAIN Registe	ared Na.	2910
	CASE NO.	FACED				2 DATE AND	HOUR PRONOUNC	ED DEAD	
(Typ	e or Print)	CHAF	RLES FRI	SBY			h 15, 1965		5:45 P. M.
3. P	LACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDE		eceosed lived. If ins		
						rvland	B. CO	JNTY BO	1 Com
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITU (TION)	ITION, GIVE STREET			corporate limits, writ	e RURAL ond	give township)
IN S	TUTION				Ba.	ltimore		43	2770
		SOUTH BALTIMO	ORE GENE	RAL HOSPITAL	D. STREET ADDR		jive location)		1114/36
					105	5 Barber	ry Court		
5. S	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)		Yr. If Under 24 Hrs
-	Male	Negro		OIVORCED(specify)	Dec.15.19	020	35	Months	ys Hours Min.
			Divor	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign		12. CITIZEN	OF
done	during most of w	vorking life, even if retired)			Danna				COUNTRY?
13. F	ATHER'S NAM		1		Penna.	IDEN NAME		U	SA
- 8	0	- Tours -land			ייי ביווי	D1			
15. \	VAS DECEASEI	e Frisby D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ie Burha	irna	ADDRESS	
(Yes	, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.					
		Korean		168-24-3591	Louise H	risby	Mercer		Penna.
	18. 4 8	91/1		CAUSE	OF DEATH				NSET AND DEATH
	DISEAS	E OR CONDITION DI							
	(This does a	LEADING TO DEATH			ic occlus:	ion of r	ight inter	nal	
	heart foilure,	ot meon the mode of osthenio, etc. It meons application which coused	the disease,	DUE TO	carotid an	rtery		Maria Co	
	injuly of con	inpireditori wineri eduaed	GC 511187						
		NTECENDENT CAUSE		(B) Mural	thrombus	in hear	t		
	RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	TATING THE		ute myoca				
-	UNDERLYIN	IG CONDITION LAST.		(C)					
Ó		II.		1 5 / 1000000000000000000000000000000000					
CERTIFICATION	OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTION	1G					
E E		DEATH BUT NOT RE		HE					
ERT	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY?		OB. IF YES, WERE F		
O	2	WAS PER			Yes		N CERTIFYING CAU Ye	e.s	
K	21 A. EXTERNAL	CAUSE WAS	21 B.	PLACE OF INJURY (e.g., form, foctory, street, o	n or obout 21C. W	HERE DID (II	in Boltimore City, g	ive exoct locati	ion)
EDIC	UTING CAU	SE OF DEATH.	etc.)	, tonis, tocioty, andes, o	1110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCCOR:			
Σ	21D TIME	(Month) (Doy) (Year	r) (Hour) 2	1E. INJURY OCCURRED	21F. HO	W DID INJUR	RY OCCUR?		
	OF INJURY (APPROX.)		V	HILE AT NOT	WHILE				
	22.		m. V	VORK L AT W	ORK				
	l cert	ify that I held an I	nquiry 🗌	Inspection Aut	apsy 🗶 and	that an this	basis, death In	my apinian	
	result	red fram: Natural car	uses X A	ccident Suicide	Homicia	de 🗌 Ur	determined mann	ier 🗌	
			- 1	1	CHIEF ME	DICAL EXA	MINER [		.== (16)150
	ACTUAL	Alokum ?	104	dan	ASSISTANT ME			14	DATE SIGNED
	SIGNATI		- / /	M. D.	ASSOCIATE MI		- party	3	-16-65
	NAME (1		ohn E. A	dams, M.D.	ASSOCIATE MI	LDICAL LA	AMIN'LK		/
	BURIAL CREA	MATION, 238, DATE		C. NAME OF CEMETERY O	CREMATORY	23D. LO	CATION (City	y, town, or coun	nty) (Stotel
-	NOVAL (Specify urial	3/18/6	5	Zion Union		Mor	cersburg.	Ponna	V
		BY HEALTH DEPT.	-	OF REGISTRAR	24C. FUNERA		ceraourg,	Penna.	DRESS
	MAD 1	0	100	00 01			7 77		
	MAKI	8 1965 R. Qu	The Fall	Lister Plant	Lining	ger Fune	ral Home	Mercers	burg, Pa.
VS	151-REV. 1/1/6	65	7	0 3 6	(ne	1 4			



IMPORTANT

DIRECTOR:

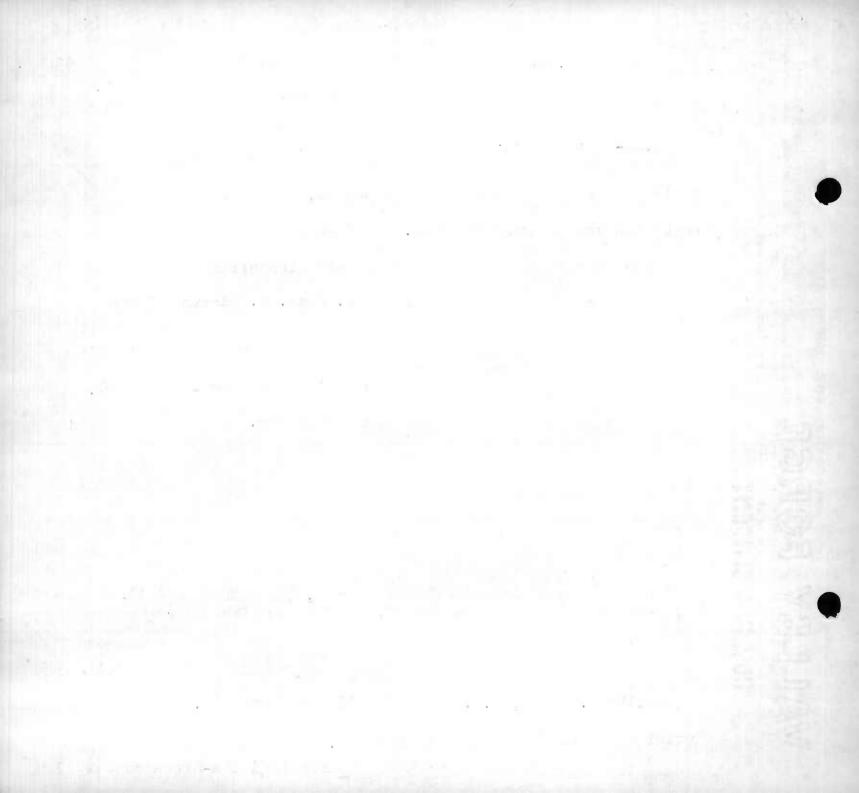
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V.S. 153 3-18-65 M.H.

IMPORTANT

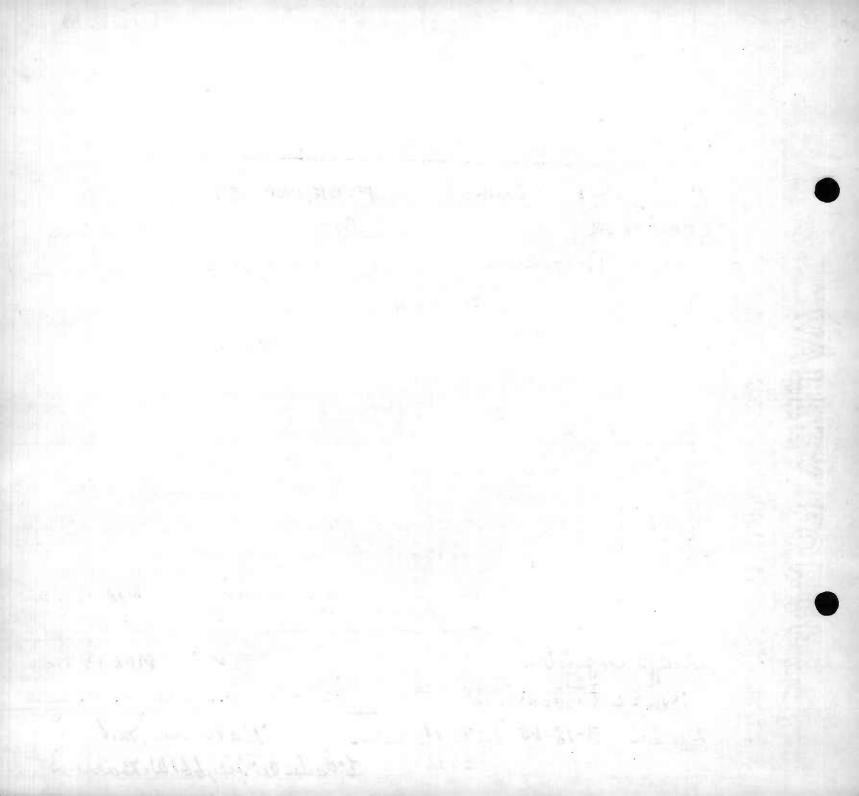
DIRECTOR:

FUNERAL



FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CI	TY HEALTH DEPARTMENT	05 0010
	TH NO. E CASE NO. 65 2913 CERTIFIC	ATE OF DEATH Registered No.	65 2913
1. N	IAME OF DECEASED	2. DATE AND HOUR OF DEATH	22.4
	PERLING PATTERS	ON MAR.13.1	965 1030 A
F	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE  B. COUNTY	stitution: residence before admissi
-	FULL NAME OF (If not in haspital or institution, give street	MO.	400
1	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township
n	M C-1/1/2	BALTO, 214 No	green >
	MONTEBELLO STATE HOSPITAL	D. STREET ADDRESS (If rurol, give location)	255015 (7
. 5	SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	CEENE ST.
	WIDOWED, DIVORCED (specify)	lost birthday)	Months Doys Hours Min.
5Ä	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	during most of working life, even if retired)	MAN	WHAT COUNTRY?
	HAUPFEUR FATHERS NAME	14. MOTHER'S MAIDEN NAME	00
do.			
	JOHNIE PATTERSON	HENDERSON	
Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No 217-01-3521		
		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	000 0 0 00 1 000	18 mos
	(This does not mean the made of dying, e.g., DUE TO	IRCINOMA OF LUNG	10 1//0-
	heart failure, asthenia, etc. It means the disease,		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stoting the (C)		
	UNDERLYING CONDITION last.		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
Q	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
RTIFI	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID (If in Boltimor	e City, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?	
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
Š	OF INJURY (APPROX.) While At Not W. Work At W.	/hile	
	Work At Wo		100 15 15
	22. I certify that Withis hospital) attended the deceased fram	1	
	that (W(we) last saw the deceased alive an	.13 19 65 and that in (my) (aur) api	nion death accurred an the
	and have and from the causes stated above. (We) (did) (did not	) view the bady after death.	
	23A. SIGNATURE	AA-1	23 B. DATE SIGNED
	Siving I Coperatellin M.D.	Attending Med. Stoff Phys.	MAR. 13, 196
	23C. PHYSICIANS NAME (Type) Irving L. Cooperstein	23D. ADDRESS	
	IRVWG L. COPERSTEIN M.	D. 2201 Argonne Dr., Balt	imore, Md. 2121
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)		ity, town, or county) (Stat
**	Buriol 3-18-65 nox 1.1	Balluine	- Sud
25A	recourse 10 00 100111 (1600)	L'UVE NOUTE IN	1100
	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25G FUNERAL DIRECTOR	ADDRESS
	MAR 18 1965 P. D. St. E. Jackery	TOTAL DIRECTOR	11. Babass
5	MAR 18 1965 Receb & Joseph 1	1 Wharles & Rice, 6610	-, md.  ADDRESS  W. Barrl St



SID

V\$ 150-REV. 1/1/65

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of

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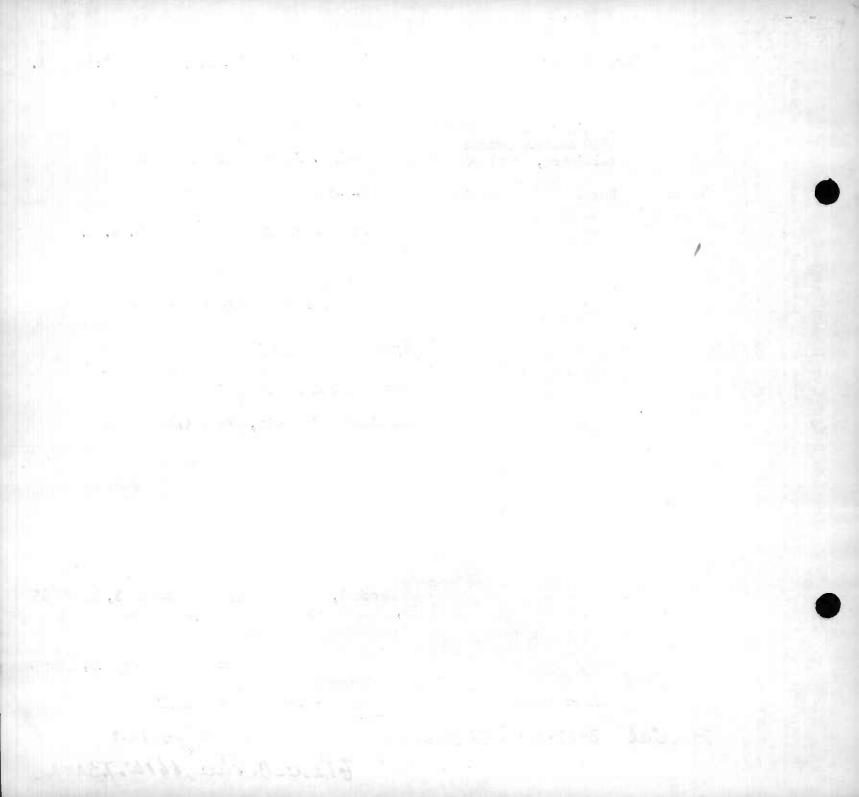
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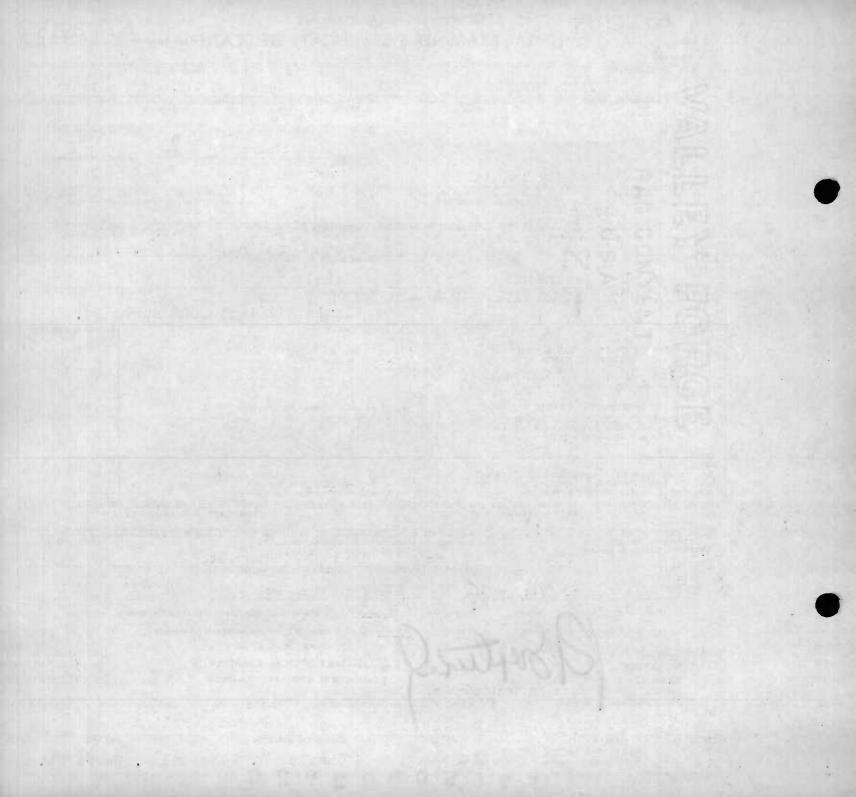
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Mary Richberg March 13, 1965 8:55 ath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) B. CDUNTY A. STATE Maryland FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddress or location) C. CITY OR TOWN (Il outside city limits, write RURAL and give township) INSTITUTION Baltimore City Hospitals Baltimore prior D. STREET ADDRESS (If rurol, give location) 4940 Eastern Avenue Baltimore, Maryland 21224 721 W. Fayette Street 21202 is made. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX If Under 24 Hrs. Hours lost birthdoy) Female 5-3-1914 Negro 50 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) South Carolina U. S. A. 14. MOTHER'S MAIDEN NAME 13. EATHER'S NAME ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. RECORDS: BCH 4940 Eastern Avenue 21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Myocardial Infarction LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) Far Advanced Tuberculosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (c) Carcinoma of Cervix, Stage II to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes Yes 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, loim, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) (Hous) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) OF INJURY While At Not While [ (APPROX.) Work At Work March 13. 22. I certify that (1) (this hospital) attended the deceased from March 2. March 13. 19 65 ...and that in(my) (aur) apinion death accurred on the date that (1) (we) last saw the deceased alive an... and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the body after death. 23 B, DATE SIGNED 23A. SIGNATURE Attending Phys. Stoll M.D. Med. March 13, 1965 Director written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 4940 Eastern Avenue Robert Cooke 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE (City, town, or county) REMOVAL (Specify) ADDRESS



VS 151-REV. 1/1/65

2945	BALTIMORE CITY HEALTH DEPARTMENT

MET NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.  I. MARKE OF DECEASE  II. MARKE DEDUCTOR III. MICHIEL TO THE DECEASE  II. MARKE OF DECEASE  III. MARKE OF DECEASE  II. MARKE OF DECEASE  II. MARKE OF DECEASE  III. M		65	2915		BALTIMORE CITY HEAL				65	2915
NAME OF DECASED   JAMES DEVONE   Land House Fromounced Dead March 16, 1965   4:40 p. March 16,	BIR		MED	ICAL EX	KAMINER'S CI	ERTIFICAT	E OF D	EATH Registe	red No.	12030
JAMES DEVONE  PRACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  PRACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  REAL NAME OF BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  RULL NAME OF BALTIMORE, MARTLAND, WHO PR	-									
1. USLAL RESIDENCE When decoused lived. If patibulic newders before define seasons before defined seasons before define seasons before defined sea	(Ťy	pe or Print)		TITA ONTE					ED DEAD	1.4.1.0 -
Comparison   Com	3.	PLACE IN BALTI			UNCED DEAD	A. USUAL RESID			itution: reside	* M.
THE PLANT OF THE STATE OF STAT				TIERE TROTTO	onors stars	A. STATE		B. COL	INTY	nee belote odinission
University Hospital  D. STREET ADDRESS III more, give locaseon 2602 Huron St.  S. SEX  OR ARCE COlored  WIDOWED, DIVORCED(specify)  MIDOWED, DIVORCED, DIVOR	FU HC	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOV	/N (If outside	-)	RURAL ond	give to was hip)
male COlored  IOA. USUAL OCCUPATION (Give kind of weath 10 k. RND OF BUSINESS OR INDUSTRY)  IOA. USUAL OCCUPATION (Give kind of weath 10 k. RND OF BUSINESS OR INDUSTRY)  IOA. USUAL OCCUPATION (Give kind of weath 10 k. RND OF BUSINESS OR INDUSTRY)  IOA. USUAL OCCUPATION (Give kind of weath 10 k. RND OF BUSINESS OR INDUSTRY)  IOA. USUAL OCCUPATION (Give kind of weath 10 k. RND OF BUSINESS OR INDUSTRY)  IOA. USUAL OCCUPATION (Give kind of weath 10 k. RND OF BUSINESS OR INDUSTRY)  IOA. USUAL OCCUPATION (Give kind of weath 10 k. RND OF BUSINESS OR INDUSTRY)  IOA. MORTHLE READIN (Weath 10 k. RND OF BUSINESS OR INDUSTRY)  IOA. SANABE  IOA. S			University	Hospit	:al	D. STREET ADDR	ESS (If rurol, g	ive location)		
TO USUAL OCCUPATION Give sind of works and testined)  ID SUAR OCCUPATION Give sind of works and testined)  ID FATHER'S NAME  WOS 10Y DO VONO  IS ATHER'S NAME  WOS 10Y DO VONO  IS AS DECEASED IVER IN U.S. ARMED FORCES? IVERS, no or unknown fill yeas, give wor or doles of service)  IS AS DECEASED IVER IN U.S. ARMED FORCES? IVERS, no or unknown fill yeas, give wor or doles of service)  IS AS DECEASED IVER IN U.S. ARMED FORCES? IVERS, no or unknown fill yeas, give wor or doles of service)  IS AS DECEASED IVER IN U.S. ARMED FORCES? IVERS, no or unknown fill yeas, give wor or doles of service)  IS AS DECEASED IVER IN U.S. ARMED FORCES? IVERS, no or unknown fill yeas, give wor or doles of service)  IS AS DECEASED IVER IN U.S. ARMED FORCES? IVERS, no or unknown fill yeas, give wor or doles of service)  IS AS DECEASED IVER IN U.S. ARMED FORCES? IVERS, no or unknown fill yeas, give wor or doles of service)  IS AS DECEASED IVER IN U.S. ARMED FORCES? IN EACH IN U.S. ARMED FORCES? IN U.S. A. A. U.S. ARMED FORCES? IN U.S. A. A. U.S. ARMED FORCES? IN EACH IN U.S. ARMED FORCES? IN EACH IN U.S. ARMED FORCES? IN U.S. A. A. U.S. ARMED FORCES? IN U.S. A. A. U.S. ARMED FORCES? IN U.S. A. A. U.S. ARMED FORCES? IN EACH IN U.S. ARMED FORCES		And the second	S. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		lost birthdoy)		
North Carolina   WHAT COUNTRY   U.S.A.     13. FATHER'S NAME				TOB. KIND O	F RUSINESS OR INDUSTRY	1) RIPTHPI ACE (	State or fareign		12 CITIZEN	OF
13. FATHER'S NAME   14. MOTHER'S MAIDER NAME   15. MOTHER'S MAIDER NAME				NI N	P BOSINESS OK INDOSTKI		4 4 3		WHAT	COUNTRY?
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   SECURITY NO.   17. INFORMANT   ADDRESS   L1.ZZ10 W111ams 2602 Huron St.	13.	FATHER'S NAM						na	U.S.1	1.
15. WAS DECEASED EVEN IN U.S. ARMED FORCES?   16. SOCIAL   SECURITY NO.   17. INFORMANT   Lizzie Williams 2602 Huton St.		Was	law Dayone							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying a period of the period of th		WAS DECEASED	EVER IN U.S. ARMED	FORCES?			TO		ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  LEADING TO DEATH  This does not make me mode of dring, e.g., injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DISEASES OR CONDITION LAST.  (C).  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  199. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION  20A. AUTOPSY? (Yes or No.)  20A. AUTOPSY	(Ye	s, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	Lizzie	Willia	ms 2602	Huron	St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dring, e.g., head follows, safeming teet. If meens the disease, injury or complication which coused death,  ANTECENDENT CAUSES  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C).  (C).  (E).  Hanging DUE TO  UNDERLYING CONDITION LAST.  (C).  (C).  (C).  (E).  Partial  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  (PS. CONDITION OF THE OPERATION CAUSES OF DEATH?  (A) Asphyxia  DUE TO  UNDERLYING CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION CAUSING IT.  Partial  (B).  Partial  (C).  (B).  Partial  (C).  (C).  (D)  (B)  OTHER SIGNIFICATION CAUSES  (C)  (C).  (C).  (D)  (E)  (D)  (E)  (D)  (E)  (E)  (E)		18.	74-X		CAUSE	OF DEATH				
This does not meen the mode of dying each hear follow, eather, etc. It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSE SET OF CONDITIONS, IF ANY, CIVING UNDERLYING CONDITION LAST.  IDISEASES OR CONDITIONS, IF ANY, CIVING UNDERLYING CONDITION LAST.  (C).  IDITHE SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS P		DISEAS							, and	MISEL AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO THE ABOVE CAUSE (A) STAING THE UNDERLYING CONDITION CAUSING II.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OFERATION 198. CONDITION FOR WHICH OPERATION Yes INCERTIFIED CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS UNDERLYING CAUSE WAS UNDERLYING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bollimore City, give exect locotion) home, form, foctory, street, office bidg, INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (How 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (How 21E. INJURY OCCURRED OF INJURY OCCUR?  22I. certify that I held on Inquiry Inspection Autopsy) and that on this bosis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL E		(This does no			(A) Asph	yxia				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Partial  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Partial  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COURSING IT.  Partial  OTHER SIGNIFICANT CONDITION CONTRIBUTION WAS PERFORMED  WAS PERFORMED  VES  118, PLACE OF INJURY (e.g., in or obout 121C. WHERE DID (if in Boltimore City, give exact location) INJURY OCCUR?  OTHER SIGNIFICANT CONDITION COURSE OF DEATH.  HOME  2602 Huron St.  216, How Did Injury OCCUR?  AT WORK  Hung self  27. I certify that I held on Inquiry Inspection Active Actival SIGNATURE SIGNATURE SIGNATURE EXAMINER'S NAME (Type)  Rudiger Breitenecker  23C, NAME of CEMETERY or CREMATORY  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  NOT THE SIGNED  NOTHER SIGNIFICANT COUNTY (res or No.) 23B, DATE  23C, NAME of CEMETERY or CREMATORY  23D, LOCATION (City, Iown, or county) (Stote)  NOT THE SIGNED  NOT THE SIGNED		heort failure,	osthenio, etc. It meons	the disease,	DUE 10					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 3 16 65 11: 30 an. WHILE AT NOT WHILE AT WORK Hung self  22. I certify that I held on Inquiry Inspection Accident Suicide Hambers		DISEASES C	R CONDITIONS, IF A	NY, GIVING	(B) Hang	ing				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 3 16 65 11: 30 an. WHILE AT NOT WHILE AT WORK Hung self  22. I certify that I held on Inquiry Inspection Accident Suicide Hambers	NO				(C)		******			
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21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 3 16 65 11: 30 an. WHILE AT NOT WHILE AT WORK Hung self  22. I certify that I held on Inquiry Inspection Accident Suicide Hambers	ERT		OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY				
UNDERLING CAUSE OF DEATH.  Home  2602 Huron St.  21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  3 16 65 11: 30an. WHILE AT NOT W	O	2	WAS PER				S			
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Hung self  22.  1 certify that I held an Inquiry Inspection Autopsy X and that on this bosis, death in my opinion  resulted from: Natural causes Accident Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER X  ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER X  3-17-65  NAME (Type) Rudiger Breitenecker  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY  North Carolina  North Carolina	DICAI	UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., i , form, foctory, street, o	thice bldg., INJURY	OCCUR?		ve exoct loca	otion)
OF INJURY (APPROX.) 3 16 65 11:30an. WHILE AT NOT WHILE X Hung self  22. I certify that I held an Inquiry Inspection Autopsy X and that on this bosis, death in my opinion resulted from: Natural causes Accident Suicide X Homicide Undetermined monner CHIEF MEDICAL EXAMINER X  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY  23D. LOCATION (City, town, or county) (Stote)  North Carolina	ME	21 D. TIME	(Adoub) (Day) (Year	) (Hana) 12						
Certify that I held an Inquiry   Inspection   Partial   Autopsy		OF INJURY				-		/ OCCUR!		
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker  Accident  Inspection  Autopsy X  And that on this bosis, death in my opinion  Autopsy X  Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  3-17-65  NAME (Type) Rudiger Breitenecker  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY or CREMATORY  North Carolina  North Carolina			16 65 ]	1:30a <sub>n.</sub>			ng seli			
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUDGET Breitenecker  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  3-17-65  RUDGET BREITENECKER  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY  REMOVAL (Specify)  North Carolina			fy that I held an I	nquiry 🗌	Inspection Aut	opsy X and	that on this	bosis, deoth in n	ny opinian	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUDGET Breitenecker  ASSOCIATE MEDICAL EXAMINER  3-17-65  RUDGET Breitenecker  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY  REMOVAL (Specify)  North Carolina		result	ed from: Natural ca	ses A	Accident Suicide	Homicie	de 🗌 Un	determined monne	er 🗌	
SIGNATURE EXAMINER'S NAME (Type)  Rudiger Breitenecker  23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  23C. NAME of CEMETERY of CREMATORY  North Carolina  North Carolina				51.7	1	CHIEF ME	DICAL EXA	MINER -		DATE SIGNED
EXAMINER'S NAME (Type) Rudiger Breitenecker  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)  REMOVAL (Specify) ROTTH CAROLina			IRE /	2094	Les de M.D.	ASSISTANT ME	DICAL EXA	MINER X		
REMOVAL (Specify)  North Carolina		EXAMINE	R'S	er Breit	enecker	ASSOCIATE M	EDICAL EXA	MINER		3-17-65
North Carolina						CREMATORY	23D. LO	CATION (City,	town, or cou	unty) (Stote)
ADDRESS ADDRESS		Burial		65	Garland	DAC EHNER		th Carol		DREES
MAR 18 1965 Relat E. tolley Charles A. Rice 661 W. Barre St.	24/	. DATE REC D	MAR 1 8 1985	B D	A & Star Down			Pico GGT		



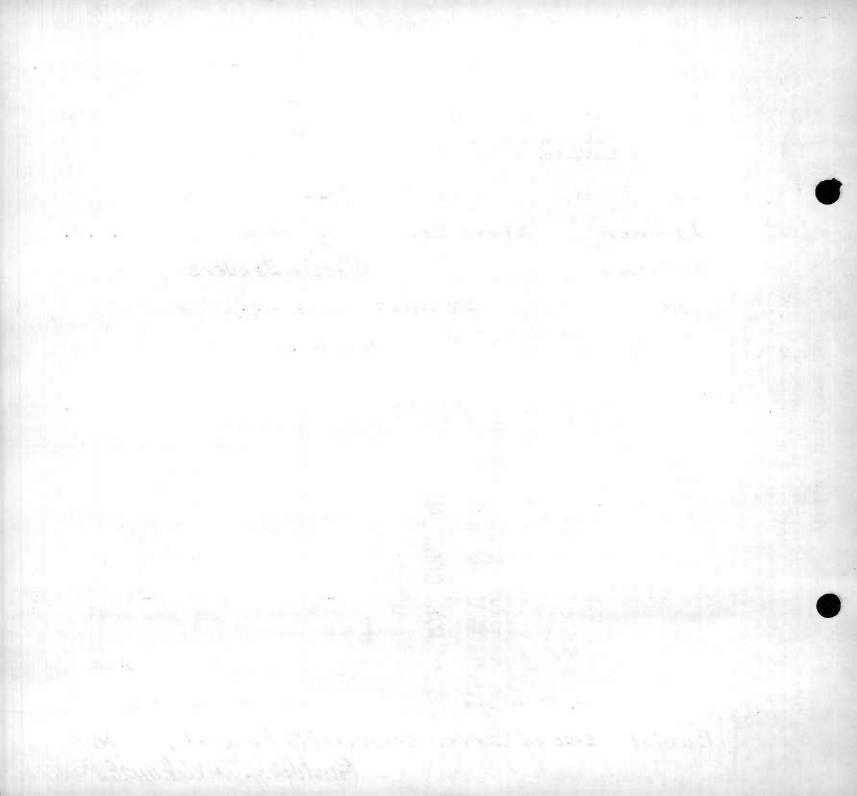
FUNERAL DIRECTOR:

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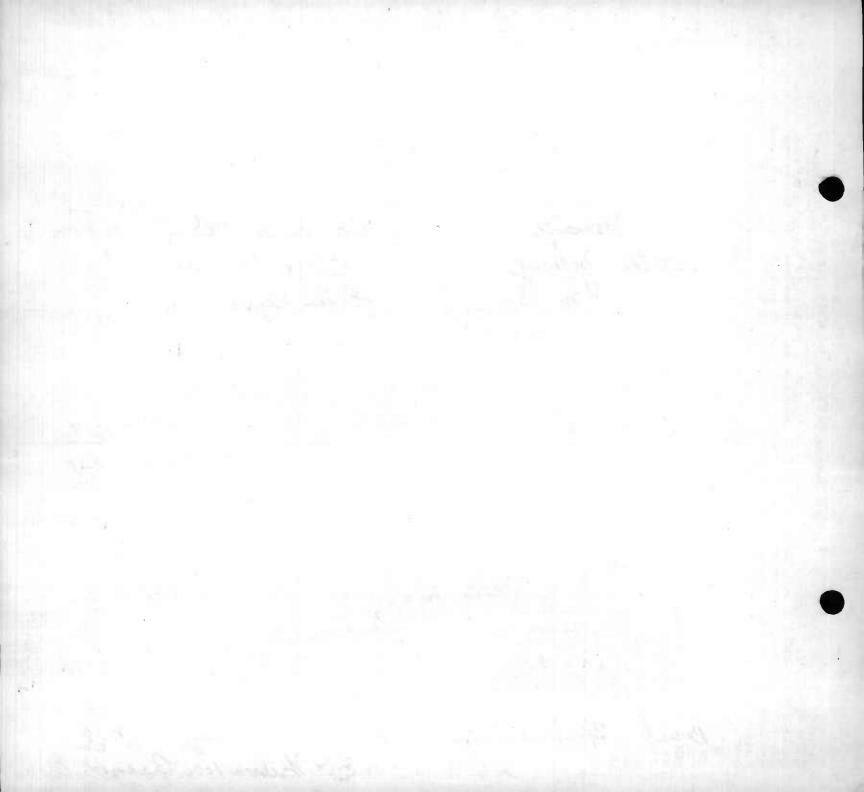
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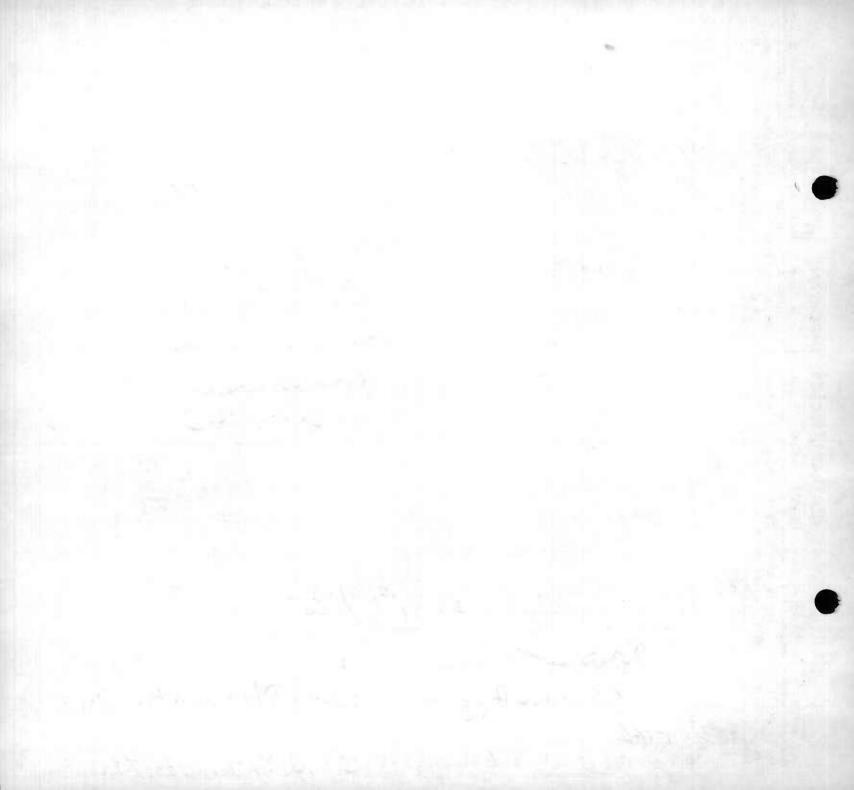
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



	65 2920 65 2920
2.0	M.E. CASE NO.  CERTIFICATE OF DEATH  Registered No.
5	1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  (Type or Print)
ш	3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where decessed lived, It institution; residence before odmiss
,	A. STATE B. COUNTY
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)
	INSTITUTION (C. CITY OR TOWN All outside city limits, write RURAL and give township)
-	D. STREET ADDRESS (Ilt rurol, give locotion)
	2011 Me W. selles St. 2011 Mc CVLLOL ST.
a bear	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months; Doys Hours; Min
	116 heggs - 14N. 1, 1894 218
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	None N. CHroLine N. 5, 17
1	13. FATHER'S NAME
	Wm Homen Un Knewn
Ĭ (	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
	No Clara Time 2011 m 2 11 leh
	18. 4 0 , 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	(This does not mean the made of dying, e.g., DUE TO
	heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
	ANTECEDENT CAUSES (B) Artely of Scharge of years
	DISEASES OR CONDITIONS, if any, giving
	rise to the obave cause (A) stoting the (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID Nome, form, toctory, street, office bidg., INJURY OCCUR?
	OF INJURY  While At Not While
	Work At Work
	22. I certify that (I) (this hospital) attended the deceased fram 19 5 19 to 3/4 1960 that (I) (we) last saw the deceased alive an 19/4 19/65 and that in(my) (aur) opinion death accurred on the
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.    238. DATE SIGNED
	M.D. Attending Wed. Stoff 2011
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	NAME (Type) T BY STORES ( ACT ) M.D. DOLD TO STORES ( B. F. D.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or bounty) (State
	REMOVAL (Specify) 7 18-15 Wind Land Cem. Wachington D.C.
11.4	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS
	MAR 18 1965 Robert & Halleran O O 2 Don A 50 il may 1000 Brantle au
,	\$ 150-REV. 1/1/65



DIRECTOR:

FUNERAL

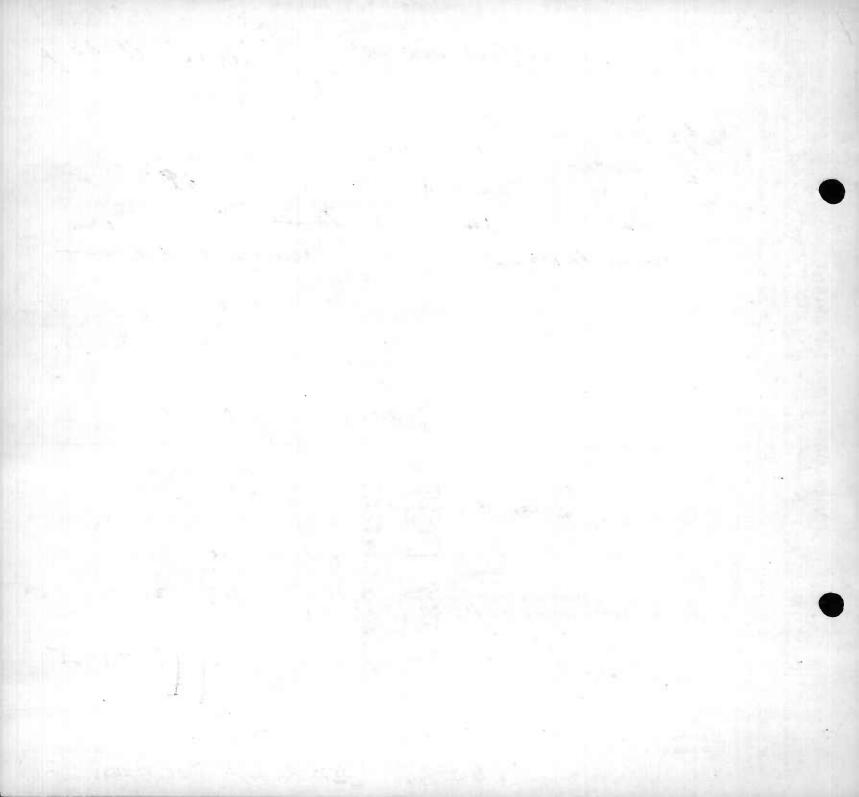
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BALTIMORE CITY HEALTH DEPARTMENT

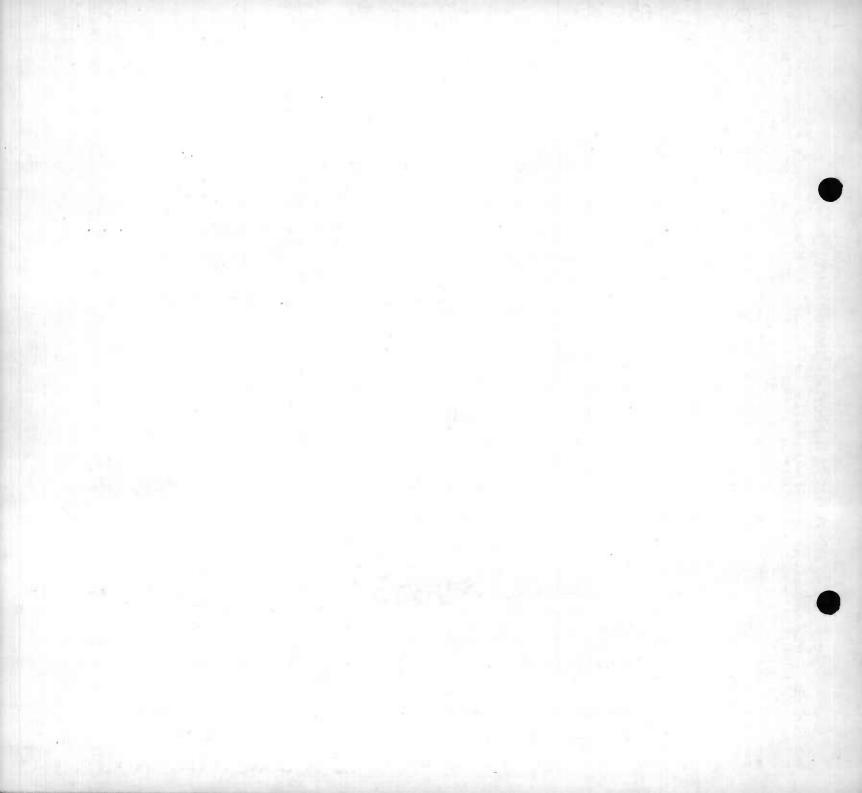
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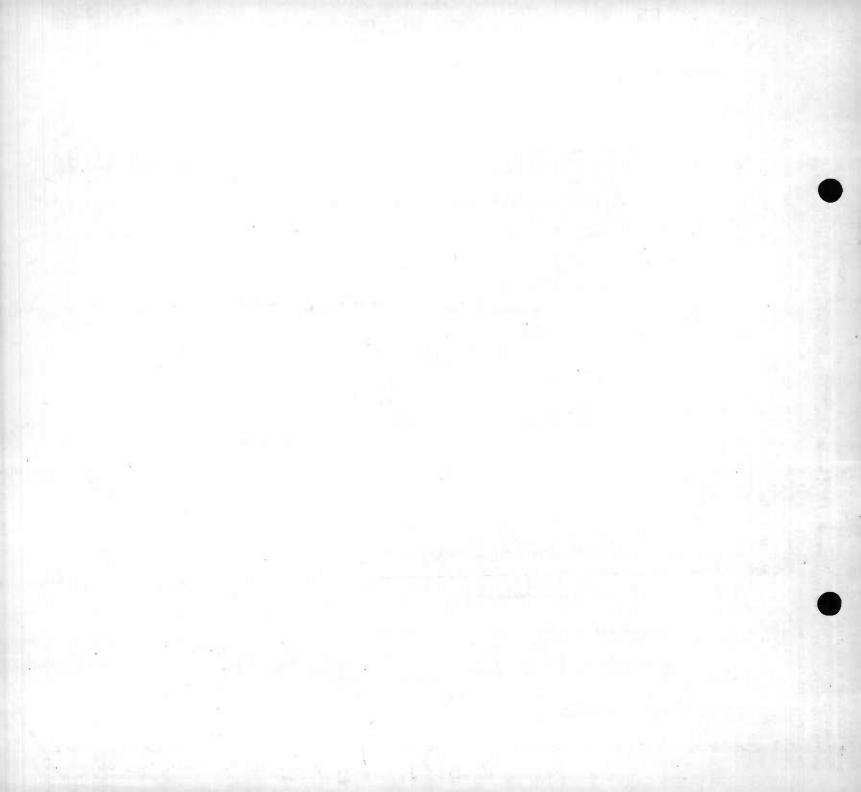


						65 29
BIRTH NO.	65 2922		CERTIFICA	ATE OF DEA	TH Registered N	la
M.E. CASE NO.	CEASED			2. 1	DATE AND HOUR OF DEA	ATH .
Type or Print)	Edward D	orer			3-16-1965	1 6 A
. PLACE OF D	EATH IN BALTIMORE, MA				CE (Where deceased lived.	If institution; residence belaro od
FULL NAME HOSPITAL OR			give street	Md.	B. COUNTY	260
INSTITUTION	oddiess of focular	117				rito RURAL and give township)
1	4211 Sprin	gwood A	venue	Baltimo	re, Md (If rurol, give locotion)	
,				11		14
				-	ingwood Avenue	
5. SEX	6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yoors lost birthdoy)	Months Doys Hours
Male	White	Mar	ried	3-19-1892	73	
	CUPATION (Give kind of work I working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Sto	to or foreign country)	12, CITIZEN OF WHAT COUNTRY?
Ret.		Superv	iser Election	s Baltimore	. Maryl and	U.S.A.
13. FATHER'S NA		Louber A	TOOL TIEGOTOII	14. MOTHERS MAI		U.D.A.
		D				
	Fredrick				Barbara U	
	d Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			212-07-0269	Mr Louis	E. Dorer 1217	Springwood Avenu
18. /	1 1			OF DEATH		INTERVAL BETWE
DISEA	/ 5 / 5			`	4	ONSET AND DE
5.327	LEADING TO DEATH		in Ch	remons	loser	3 mone
	not moon the mode of		DUE TO			3 mond
	, osthenio, etc. It meons mplication which caused				1 1	
	ANTECEDENT CALISES				1 17	
	ANTECEDENT CALISES		(B) Car	cenound o	J Alomock	U 8 mone
	ANTECEDENT CAUSES			Cenoud a	Joseph Stomoch	U 8 mone
	OR CONDITIONS, if	ony, giving				- 12 (32.00)
rise to t		ony, giving			J Alomoch	- 12 (32.00)
rise to t	OR CONDITIONS, if he obove couse (A) IG CONDITION lost.	ony, giving				- 12 (32.00)
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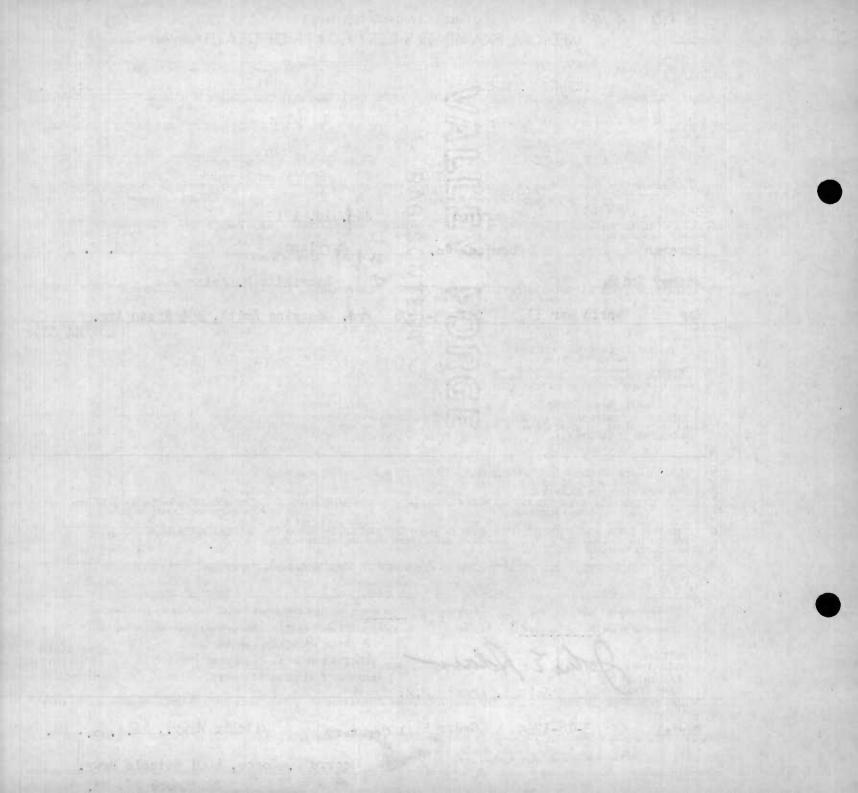


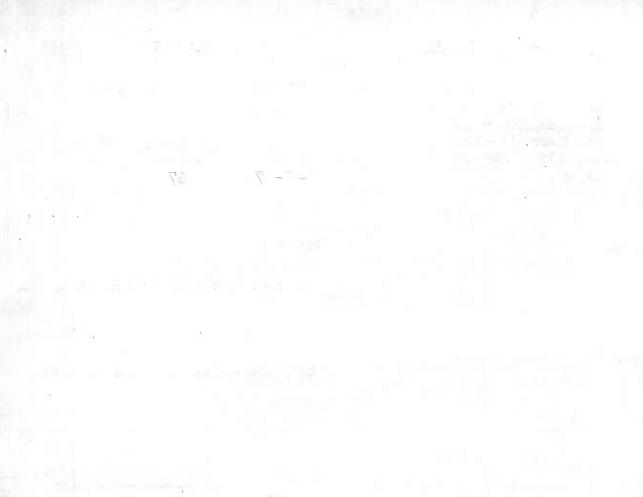
DIRECTOR:

FUNERAL



5-530	BALTIMORE CITY HEALTH DEPARTMENT  65 2924  BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD
	1. NAME OF DECEASED (Type of Print)  SIDNEY A. SMITH  2. DATE AND HOUR PRONOUNCED DEAD March 15, 1965  5:10 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of the
	FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland
	INSTITUTION
4	SOUTH BALTIMORE GENERAL  Baltimore  D. STREET ADDRESS (If rurol, give locotion)
	HOSPITAL 508 Arsan Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 H   WIDOWED, DIVORCED(specify)   Iost birthdoy)   Months, Doys, Hours, Min
	Male White Married Jan. 18, 1919 46
	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Foreman Chemical Co. Maryland U. S.  13. FATHER'S NAME U. S.
	Sidney Smith Henrietta M. Acton
EVALUE VIDEO	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, givo wor or dotes of service)  SECURITY NO.  17. INFORMANT  ADDRESS
	Yes Warld War II 218-03-1800 Mrs. Georgina Smith, 508 Arsan Ave.
	18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  Arteriosclerotic cardiovascular
	(This does not mean the mode of dying e.g., heart foilure, osthonio, etc. It means the disease
	injury or complication which coused death.)
	ANTECENDENT CAUSES  (B)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE
	L DISEASE OF CONDITION CAUSING IT
	(1) 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
	Yes Yes
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID Ilf in Boltimoro City, give exect lecetion) home, form, fectory, street, office bldg., INJURY OCCUR?
	2 21D TIME (Month) (Doy) (Year)  Hour)  21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.)  WHILE AT NOT WHILE TO N
	22.   Certify that I held on Inquiry   Inspection   Autopsy   ond that on this basis, death in my opinion
	resulted from: Notural couses X Accident Suicide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE TO LES Y AMERICAL EXAMINERS
	EXAMINER'S  NAME (Type)  John F. Adams M.D.  ASSOCIATE MEDICAL EXAMINER 3-16-65
	23A, BURIAL CREMATION, 23B. DATE - 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) [Stote]
	Burial 3-18-1965 Cedar Hill Campters Ritchie Hgwy. A.A.Co. Md.
	24A. DATE REC'D BY HEALTH DEPT. 24E NAME OF REGISTRAR
	MAR 19 1965 Robert E. January George J. Gonce, 4001 Ritchie Hgwy.
	VS 151-REV. 1/1/65  Baltimore 25. Md.

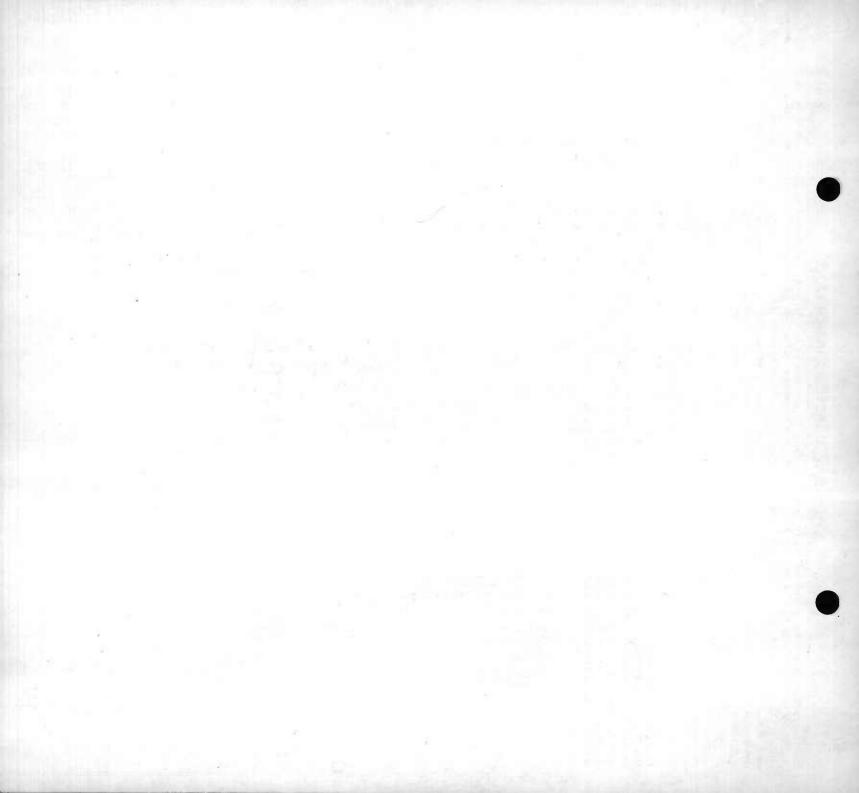




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**FUNERAL DIRECTOR: IMPORTANT** 

			BALTIMORE CITY	HEALTH DEPARTMENT		C5 9000			
BIRTH NO. M.E. CASE NO.	65 2926		CERTIFICA	TE OF DEATH	Registered No	65 2926			
1. NAME OF DE	CORRI	ERI,	CHARLES		17-65	2 30 A			
FULL NAME HOSPITAL OF	ddress or location	or institution, g		4. USUAL RESIDENCE (When A. STATE B. COUN MAY Y/And C. CITY OR TOWN (If our Baltimore)	1	Stitution: residence before admission			
Mary	gland Ge	neral	Hosp.	D. STREET ADDRESS (If	rurol, give location) Paul Stre	et			
5. SEX	6. RACE White	MARK		1-20-14	9. AGE (In years lost birthdoy)	If Under 1 YI. If Under 24 H Months Doys Hours Min.			
done during most o	CUPATION (Give kind of work of working life, even if retired)  RIVER	TAX		11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NA	larles P. C.	micri		14. MOTHER'S MAIDEN NAM	ME Seri	<i>y</i>			
Yes, no or unknow	od Ever in U. S. Armed For vn) (If yes, give wor or dote w. w. II	s of service)	16. SOCIAL SECURITY NO. 212-12-2427	17. INFORMANT Lemmal Con	ivi-247	Goolon Col			
	ASE OR CONDITION DIF LEADING TO DEATH not meen the mode of		(A) Ga	OF DEATH	remorrhad	INTERVAL BETWEEN ONSET AND DEATH			
DISEASES iise to UN DERLYII	ANTECEDENT CAUSES  OR CONDITIONS, if the obove couse (A) and CONDITION lost.  II NIFICANT CONDITIONS CODEATH BUT NOT RELAR CONDITION CAUSING I	ony, giving sloting lhe	(B) CU DUE TO (C)	um Esophagea ruhosis Laes	vecc, 2				
19A. DATE	OF OPERATION 198. CON WAS PER		HICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	>			
_ OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF  fy medicol exominer)	21 B. home etc.)	PLACE OF INJURY le.g., is, form, foctory, street, o	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)			
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  Not White All Work		URY OCCUR?				
that (I) (w	22. I certify that (I) (this hospital) attended the deceased from 3 16 1965 to 3 - 17 1965 that (I) (we) lost sow the deceased alive on 3 17 1965 and that in (my) (our) opinion death occurred on the do and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.								
23 C. PHYSIC NAME	nabel 4	. Wa	M.D. Att	ending Med. Director 23D. ADDRESS	Stoff Phys.	3-17-65			
24A. BURIAL C REMOVAL	REMATION, 248. DATE	15 B	M.D. ME of CEMETERY or CR Millione Not	EMATORY 24D. L  ESTAL CEMP 25C. ENERAL DIRECTOR	Balto.	ty, town, or county) (Stote)			
VS 150-RFV. 1/	MAR 19 1965	Robert	E. garburt	Jankys !	whomel.	M/d. 200			



M.E. CASE NO.	MLD	ICAL LA	KAMINER 5 CI	LKIIICAIL	OI DLAI	[ ] ixegiste	red No.
1. NAME OF DEC		A		2. D	ATE AND HOUR		
	JOSEPH	Α.	BENNIS		March 17		5:00 P
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryla	and	B. COU	tution: residence before odmissi NTY RURAL and give township)
	Mercy Hospi	ital		Baltin D. STREET ADDRESS	(If rural, give toc		//201
S. SEX	6. RA CE	T7 AA APPIED	NEVER MARRIED	LUS E.	Madison	Street GE (In years	If Under 1 Yr. If Under 24 H
Male	White	WIDOWED,	DIVORCED (specify) NGLE	3/19/08	56	birthdoy)	Months, Doys Hours Mir
	working life, even if refired)	10B. KIND O	F BUSINESS OR INDUSTRY	MASS	or foreign country	)	12. CITIZEN OF WHAT COUNTRY? USA
FATHER'S NAN	N.E.			14. MOTHER'S MAIDE	N NAME		
	SIMON BONITS	SKI		CATHEI	RINE USD	AVINIS	
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
	, , , , , , , , , , , , , , , , , , , ,			CATHERINE	USDAVINI	S GREE	NFIELD, MASS.
1B. //			CAUSE	OF DEATH			INTERVAL BETWEEN
UNDERLYIN	E ABOVE CAUSE (A) S' NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTI					
_	OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes			NDINGS CONSIDERED SES OF DEATH?
UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., c., form, foctory, street, o	n or about 21 C. WHER	E DID (If in Bold	imore City, gi	Yes
21D TIME OF INJURY (APPROX.)	(Month) (Day) (Yea		WHILE AT NOT WORK AT W	WHILE	DOO YAULUI OK	LUR?	
22.	tify that I held an I	nquiry 🗌	Inspection Aut	apsy x and the	t an this basis	, death in m	ny apinian
resul	ted fram: Natural ca	uses X	Accident Suicide	Hamicide	Undeter	nined manne	er 🗌
ACTUAL		eller S	Peris M.D.	CHIEF MEDIC	CAL EXAMINE		DATE SIGNED
EXAMIN NAME (	IER'S	es S. P	etty, M D.	ASSOCIATE MEDIC		-	3/18/65
A. BURIAL CREATE EMOVAL (Specify BURIA	()		CALVARY CEMET		GREENF	IELD, M	town, or county) (Stote)
4A. DATE REC'D	MAR 19 1965	24B. NAME.	OF REGISTRAR DEUTINA	HOWARD H	. HUBBARD	4107	WILKENS AVE. 21
'S 151-REV. 1/1/	65		5 5 6	0 2 9	0		

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VS 150-REV. 1/1/65

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FUNERAL DIRECTOR:

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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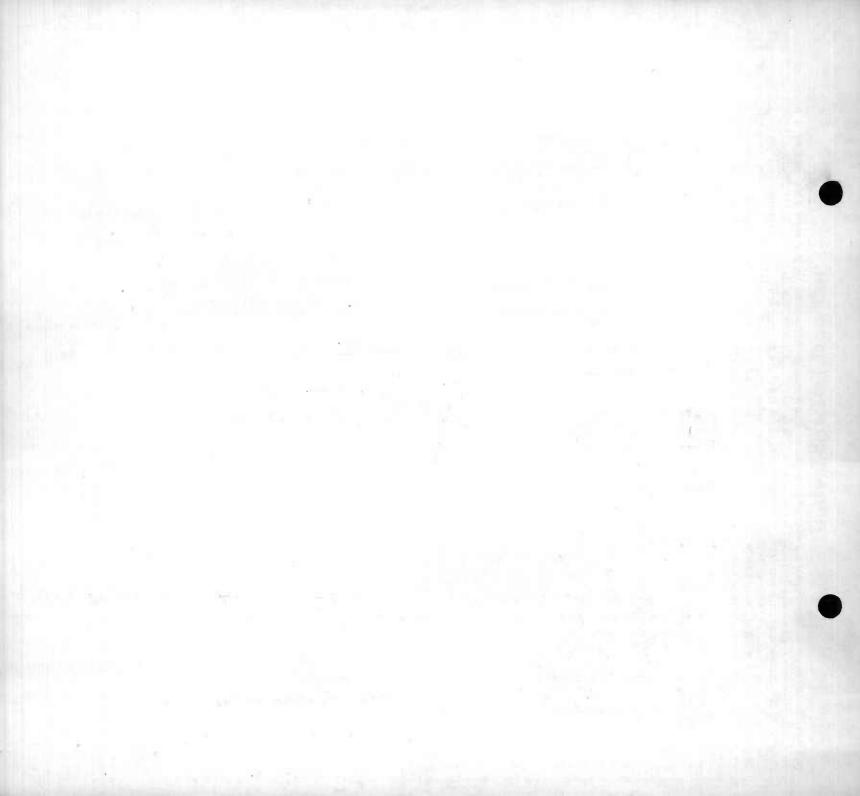
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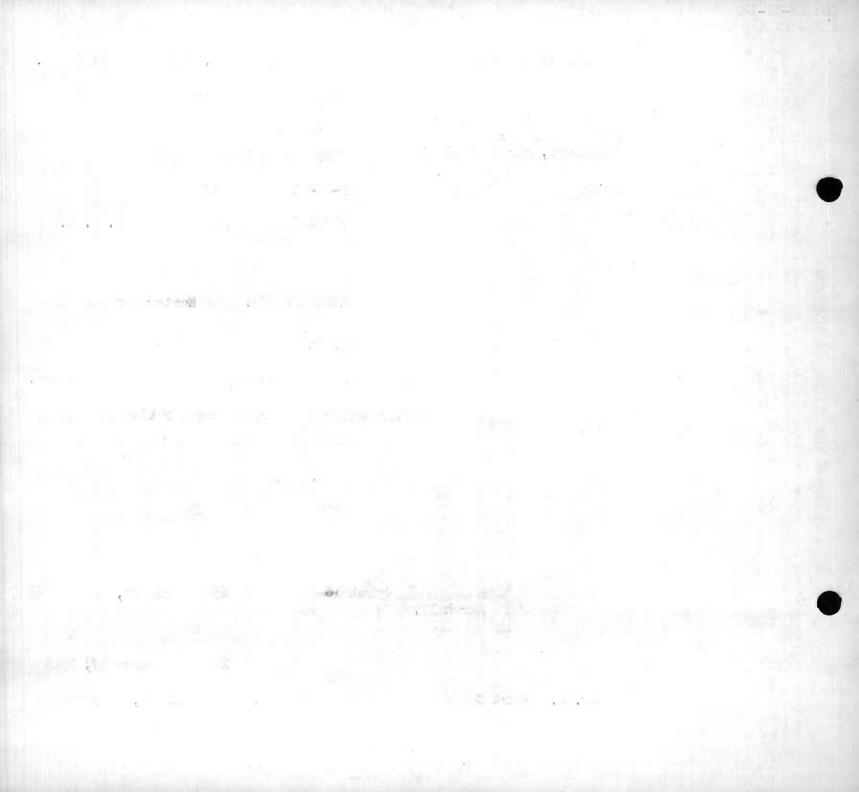
BALTIMORE CITY HEALTH DEPARTMENT



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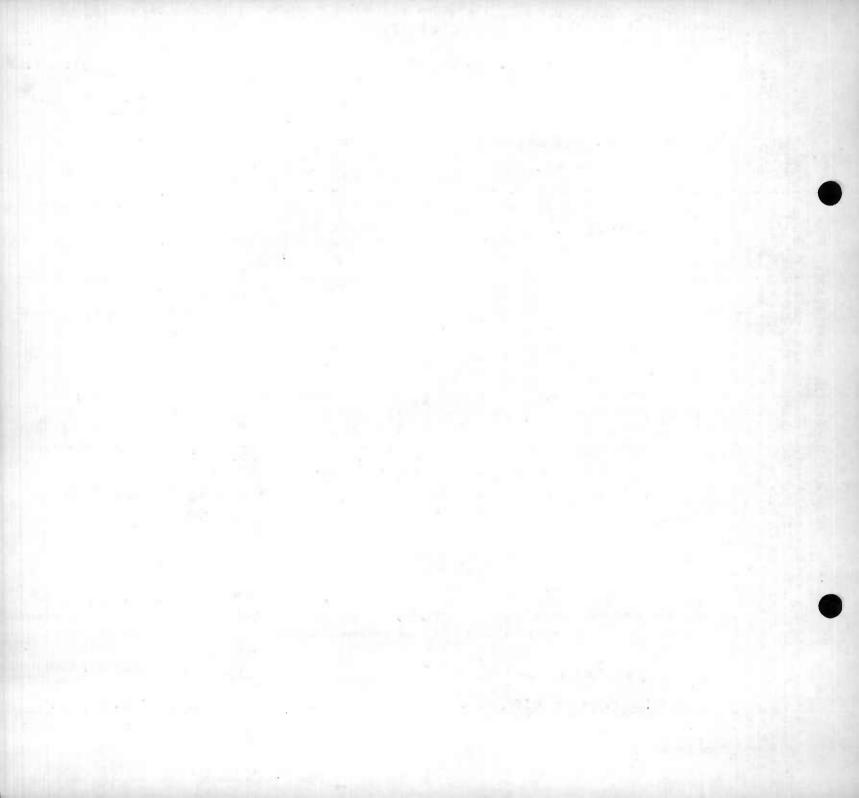
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VS 150-REV. 1/1/65

occurred

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11:30 a.M. 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH (If in Boltimore City, give exact lacotion) 23 B. DATE SIGNED March 13, 1965 (City, town, or county)



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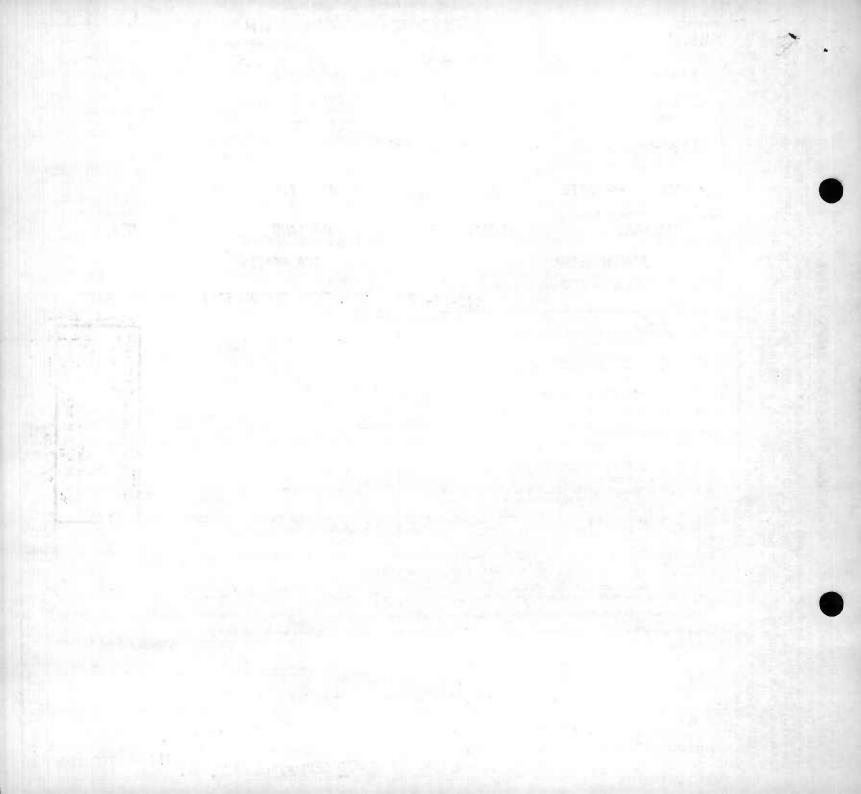
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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT



NO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last. 11 CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIF 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) OF INJURY (APPROX) 22. I certify that (1) (this hospital) attended the deceased fram 1965 that (i) (we) last saw the deceased alive an... ...and that in(my) (aur) apinion death accurred on the date ond hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [ Stoff M.D. Med. Director Phys. 23D. ADDRESS 23C. PHYSICIANS NAME (Type)

24C. NAME of CEMETERY of CREMATORY

3/16/65 BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 150-REV, 1/1/65

BETH ISAAC ADATH ISRAEL

24D. LOCATION (City, town, ar county) BALTIMORE MARYLAND

ADDRESS

25C. FUNERAL DIRECTOR & BROS. INC. 6010 REISTERSTOWN RD

24A. BURIAL CREMATION, 248. DATE

REMOVAL (Specify)

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

> FULL NAME OF HOSPITAL OR

INSTITUTION

5. SEX

MALE

13. FATHER'S NAME

(Type or Print)

Deceased

(4) Undetermined cause; (5)

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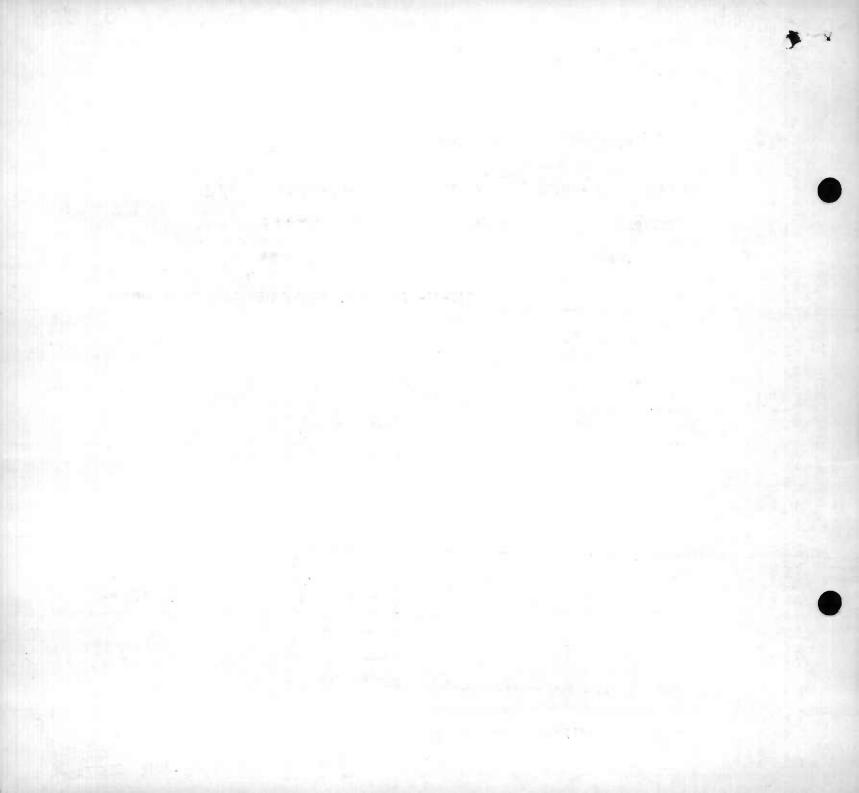
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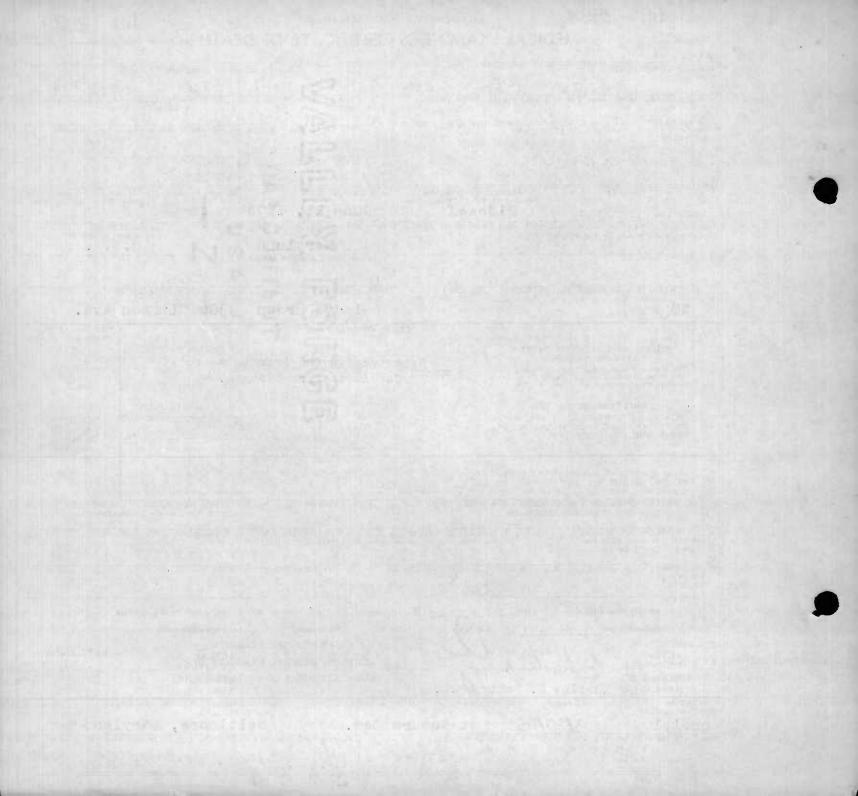
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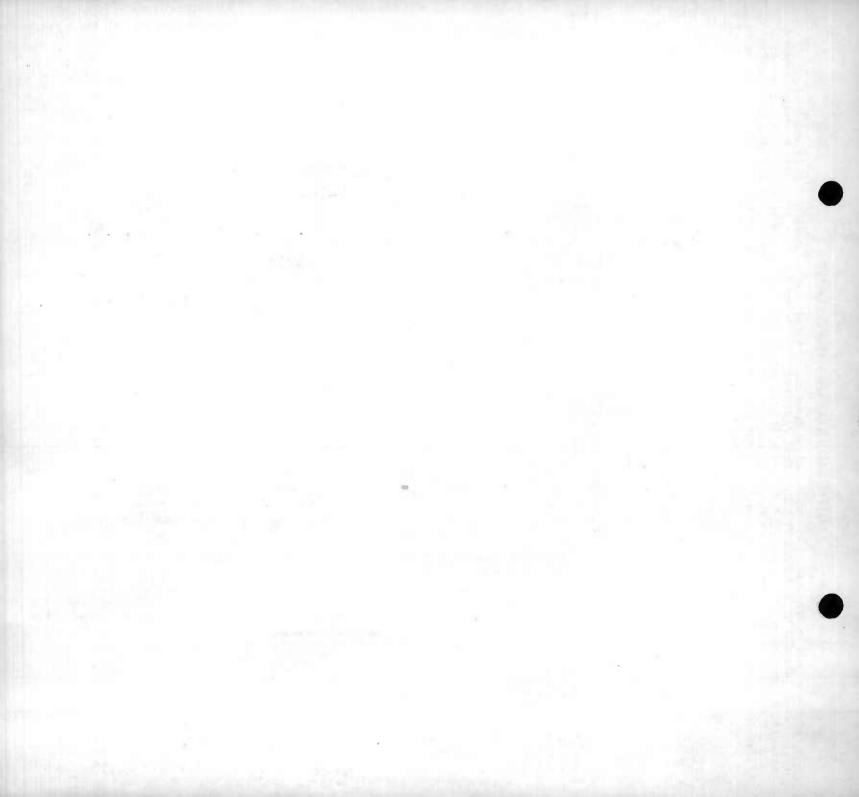
BALTIMORE CITY HEALTH DEPARTMENT



BIR	тн но.	MEDI		CAMINER'S CE		OF D	EATH Registe	red No	233	19
-	E CASE NO.	CEACED.			10.0		HOUR PRONOUNC	ED DEAD		
(Ту	pe or Print)		1	DDOIN				ED DEAD	9:25	P
3. F	LACE IN BALT	DAISY	HERE PRONOL	BROWN INCED DEAD	4. USUAL RESIDENCE		17, 1965 leceased lived. If inst	itution: resi		- PV
					A. STATE Mary1		B. COU	INTY		
HO	SPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (I		corporate limits, write	RURAL	nd give townsh	nip)
INS	TITUTION				Balti	more	1	5	01	
9	Prov	ident Hospita	1		D. STREET ADDRESS		give location)			
1					1321	Whato	coat Street			
5. 3	EX	6. RACE	7. MARRIED,		B. DATE OF BIRTH		9. AGE (In years lost birthday)		7 Yr. If Under Doys   Hours	
1	Temale	Negro	Wide	DIVORCED (specify)	June 16, 3	1898	66	1410111113	Doys   Hours	1
10A	USUAL OCC	UPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY			country)	12. CITIZ	EN OF	·
don	e during most of	working lile, even if retired)	RI BUT		Maryla	and			S.A.	
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN					
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	-		ADDRESS	5	
(16	NO	(If yes, give wor or dote	s of service	SECORITI NO.	Gladys Bro	own	3306 Cli	fton	Ave.	
-	18.	104		CAUSE	OF DEATH	EL.			INTERVAL BE	TWEEN
	47								ONSET AND	
	DIZEA	SE OR CONDITION DIS LEADING TO DEATH		Hypert	ensive and A	rter	ioselerotic			
	(This does	not mean the mode of ostherio, etc. It means	dying, e.g.,		diovascular					
	injury or co	mplication which coused	de oth.)	042	a to va boazaz	D				
	A	NTECENDENT CAUSE	s	(0)				1-10-17		
		OR CONDITIONS, IF A E ABOVE CAUSE (A) ST		DUE TO			00000000000000000000000			
		NG CONDITION LAST.		(6)						
S				(C)		•				
AT	OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTII	NG				5	75	
E	TO THE	DEATH BUT NOT REL	ATED TO T		0.000.00000000000.000.0.000					
ERTIFICATION		OPERATION 198, CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes		OB. IF YES, WERE FI			
ō	0	WAS PER	FORMED		No	ı	N CERTIFYING CAU	SES OF DE	EATH?	
M		L CAUSE WAS	21 B,	PLACE OF INJURY (e.g., in	or obout 21C. WHERE	DID (I	I in Boltimore City, gi	ve exoct le	ocotion)	
EDIC	UTING CAU	SE OF DEATH.	etc.)	, rollin, roctory, silven, or	Nee Blogs, NAJORI OCC	COR:				
Σ	21D TIME	(Month) (Doy) (Year	) (Hour) 2	TE. INJURY OCCURRED	21F. HOW D	ULNI DE	RY OCCUR?			
	(APPROX.)			WHILE AT NOT V	VHILE					
	22.		m.] V	VORK LI AT WO	ORK					-
	l cer	tify that I held on I	nquiry	Inspection X Auto	opsy and tho	t on this	basis, death in r	ny opinia	n	
	resul	ted from: Notural car	uses X A	scident Suicide	Homicide _	U	ndetermined monn	er 🗌		
				1/_	CHIEF MEDIC				DATE SIG	NED
-	SIGNAT		les J K	M.D.	ASSISTANT MEDIC	AL EX	AMINER X			
	EXAMIN	IER'S		1	ASSOCIATE MEDIC				3/18/6	22
00.4		Type) Charles				loop in		1 5		C
	MOVAL (Specif			C. NAME of CEMETERY of				, town, or		Stote)
1	Burial	3/20,		Mt Auburn			ltimore,			1
24/	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DI		4		DDRESS	1
		MAR 19 1965	Violent	JE, Jakey MI	Stone &	y V	lan 1348.	M. Car	Chron -	R
VS	151-REV. 1/1/	65	1	6 5 6		1				

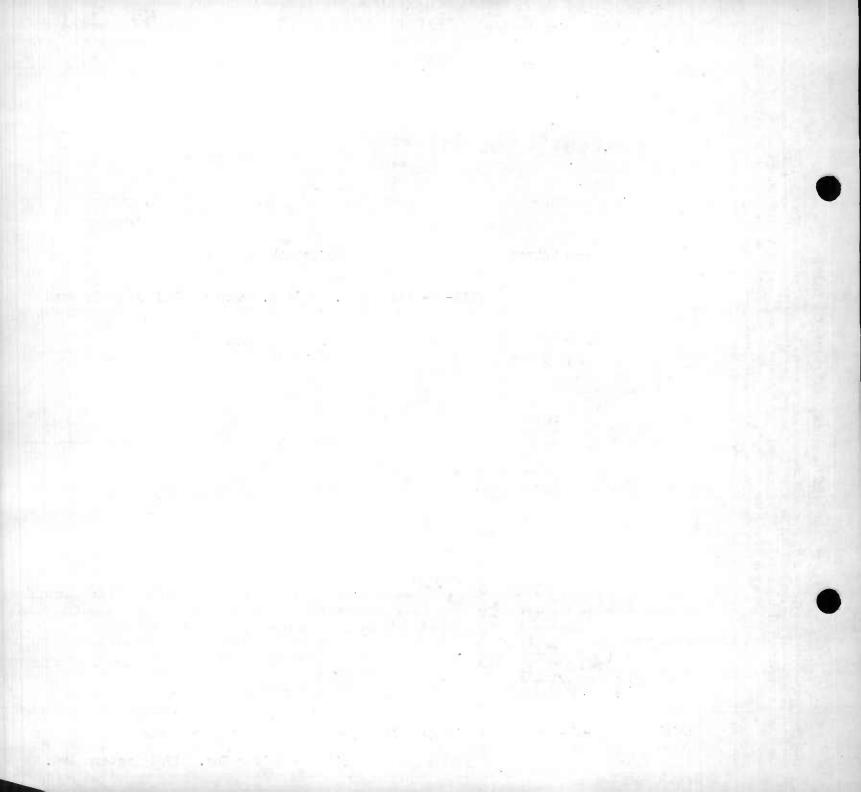


	5			CERTIFICA	ATE OF I	DEATH	Registered N	10. 1717		ŁU -
	H NO. 65	7010								
1. NA	AME OF DECE						ND HOUR OF DEA	TH		
туре	e or Print)	Lynn Alsto	on			3/	17/65			5:3
3. PL	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RE	SIDENCE (Who	re deceased lived.	ff institution: re	esidence	before od
				11			16	10		
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)					Maryland C. CITY OR TOWN (If outside city limits write RURAL and give township)					
IN.	NOITUTITE						iside city limits wi	THE RURAL ON	g give to	wnsnip)
1	70	7 1 77			Balt:	more	rural, give location)			
	Provi	dent Hospi	tal							
					2913	Press	tman_Str			
S. SE	EX	6. RACE	7. MARRIED, NI	DIVORCED (specify)	B. DATE OF B	IRTH	9. AGE (In years lost birthday)	If Unde Months:	Doys	If Under Hours
F	Female	Negro		ried	7-2	6-04	60		1	
		PATION (Give kind of work	108, KIND OF BU	USINESS OR INDUSTR	Y 11. BIRTHPLA	CE (State or fore	ign country)		ZEN OF	
done	during most of w	orking life, even if retired)				7 -			AT COU	
						a.		U.	S.A.	
13. F/	ATHER'S NAM					MAIDEN NA	ME			
		Dallas			Mary	Davis				
15. W	Vas Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMA				ADDRE	SS
lYes,	no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.			000	2 2		
1	No				Willi	am Als	ton 291	3 Fres	stma	an St
	1B. 11-64	SYI		CAUSE	OF DEATH					L BETWE
	DISEASI	OR CONDITION DIR	RECTLY						ONSEL	AND DEA
		LEADING TO DEATH		(A) C	erebral	Hemor:	rhage			
	(This does no	the above the made of								
				DUE TO	**********************					
	heart failure, a	sthenio, etc. It means	the diseose,	DUE TO	morton	sive C	ardio Va	caully ly	Di	2020
	heart failure, o	osthenio, etc. It means dicalian which caused	the diseose,	DUE TO	yperten	sive C	ardio-Va	scualr	Di	seas
i	heart failure, o injury or camp	osthenio, etc. It means blication which caused NTECEDENT CAUSES	the disease, death.)	DUE TO	yperten	sive C	ardio-Va	scualr	Di	seas
i	heart failure, cinjury or camp  A  DISEASES O	osthenio, etc. It means olication which caused NTECEDENT CAUSES R CONDITIONS, if	the disease, death.)	(B) DUE TO	-in-in-distribution to the enterior in the first term of	**************************************				
i	heart failure, cinjury or camp  A DISEASES Orise to the	osthenio, etc. It means olication which caused NTECEDENT CAUSES R CONDITIONS, if obove couse (A)	the disease, death.)	(B) DUE TO	-in-in-distribution to the enterior in the first term of	**************************************	ardio-Va			
i	heart failure, cinjury or camp  A DISEASES Orise to the	osthenio, elc. It means olication which caused NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION last.	the disease, death.)	(B) DUE TO	-in-in-distribution to the enterior in the first term of	**************************************				
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ERTIFICATION	heart failure, cinjury of camp  A DISEASES Orise to the UNDERLYING  OTHER SIGNIFT TO THE DE DISEASE OF CIPA. DATE OF	osthenio, etc. It means objection which caused NTECEDENT CAUSES  R CONDITIONS, if obove couse (A) CONDITION last.  I cant conditions Cath but not relaced to the condition causing i operation [198]. Condition [198]. Condition [198].	the disease, death.)  ony, giving slating the CONTRIBUTING STEED TO THE T. DITTON FOR WHEFORMED	Pneumor	nia   <sup>20</sup> A.AUTC	PSY? (Yes or No	D) 208. IF YES, WE	ERE FINDINGS CAUSES OF	CONSIC DEATH?	PERED
CERTIFICATION	heart foilure, of injury of camp  A DISEASES Of rise to the UNDERLYING  OTHER SIGNIF TO THE DE DISEASE OR (19A. DATE OF 21A. A CCIDEN	osthenio, etc. It means objection which caused NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION last.	the disease, death.)  ony, giving slating the ONTRIBUTING STED TO THE T.  DITION FOR WHEORMED	Pneumon	nia	PSY? (Yes or N	D) 208. IF YES, WE	ERE FINDINGS	CONSIC DEATH?	PERED
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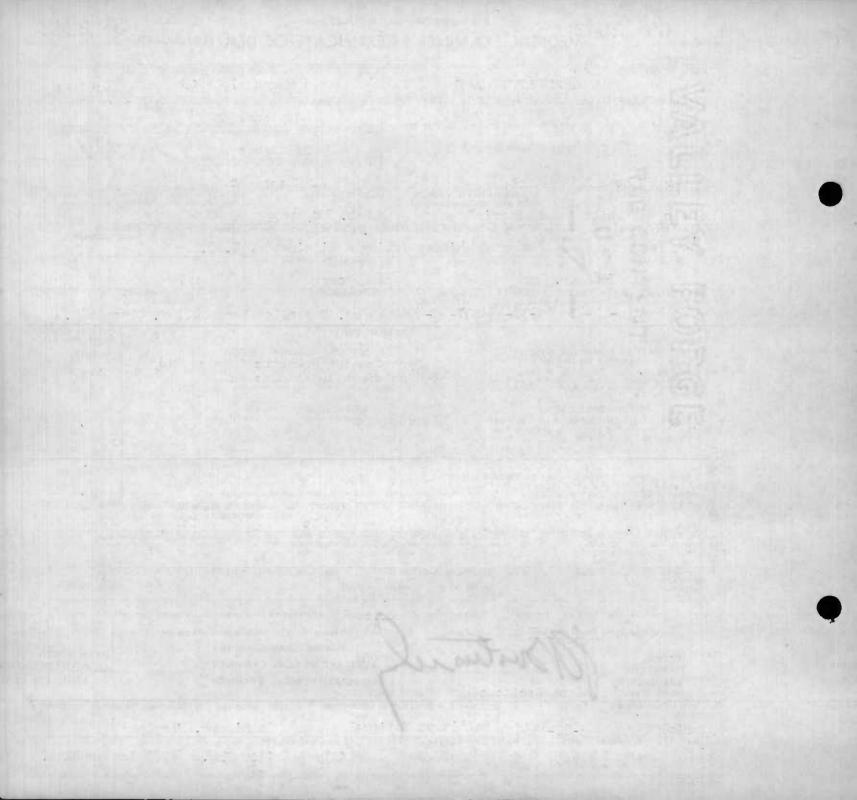


FUNERAL DIRECTOR: IMPORTANT

1	AME OF DEC					E AND HOUR OF DEATH	
		BOGNA		KATHLEEN	Ma	rch 18, 1965	nstitution: residence before odmis
F	TULL NAME OF DEA	F (If not in hospital oddress or location	or institution,	give street	Maryland	OUNTY	RURAL and give township)
1		St. Joseph H	lospita]		D. STREET ADDRESS 8722 Avone	(II rurol, give locotion) dale Road -	
5. SI	ex emale	6. RACE White	WIDOWE	NEVER MARRIED D. DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours Mi
	during most of	JPATION (Give kind af work working life, even if retired) maker		BUSINESS OR INDUSTRY	Hungary	foreign country)	12. CITIZEN OF WHAT COUNTRY? Hungary
13. F	FATHER'S NAA	George Tal	kacs		14. MOTHERS MAIDEN Elizabeth		
Yes,	Nas Deceased , no or unknown No	Ever in U. S. Armed Fore	ces? s of service)	16. SOCIAL SECURITY NO. 213-07-3279	Mrs. Louis	J. Wagner 872	Address 2 Avondale Road
		ANTECEDENT CAUSES		(B)			
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BIRTH NO. M.E. CASE 1. NAME O	DECEASED					2. DATE AND	HOUR PRONOUN	CED DEAD	
(Type or Prin	)	HORACE	OLIVER	LONG		March	17, 1965	1	4: 20 a M.
3. PLACE IN	BALTIMORE, A	AARYLAND, W	HERE PRONC	DUNCED DEAD	I A. STATE	ENCE (Where d	B. CC	nstitution: reside DUNTY	nce befare admission)
FULL NAME HOSPITAL O	OF (IF N R ADD	OT IN HOSPIT. RESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TO		carporote limits, w	rite RURAL and	give tawnship)
3					D. STREET ADD	RESS (If rural,	give lacotion)		
Ch:	irch Home	e & Hosp		D NICYER ALABRICO	421 S.	Chapel		11/11-41	V 11 11 24 11
mal	wh	ite	WIDO WED,		Feb. 15,	1922	9. AGE (In year lost birthdoy) 43	Months, D	Yr. II Under 24 Hrs.
done during m	st of warking lile			OF BUSINESS OR INDUSTR				12. CITIZEN WH AT	COUNTRY?
Deck 13. FATHER'S			Baker	& Whitley Tow	1ng Will	mington,	N. C.		
	Is	saac P.	Long		Mary				
15. WAS DEC	EASED EVER II	N U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
Yes	10-2		0-16-49		Mrs. Ber	rnadine	Long 421	S. Chap	el St.
1B.	443X	,		CAUSI	OF DEATH				NTERVAL BETWEEN
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NOILE OTHE TO DISEA T	LEADIN lags not meon collure, asthenia, ar camplication  ANTECEN SES OR CON O THE ABOVE RLYING CON SIGNIFICANT HE DEATH SE OR CONDIT	the mode of etc. It means which caused  DENT CAUSE DITIONS, IF A CAUSE (A) S'DITION LAST.  II CONDITIONS BUT NOT REFINED CAUSING ON 19B. CON WAS PER	didying e.g. she disease death.)  ES  ANY, GIVING TATING THE  CONTRIBUT LLATED TO GIT.  NOTION FOR FORMED	(B) (B) (C) (C) (ING THE  WHICH OPERATION  PLACE OF INJURY (e.g., ne, form, factory, street, neet, form, factory, street,	20A. AUTOPSY Y in or obout 21C. V	? (Yes or No)	OB. IF YES, WERE N CERTIFYING CA	FINDINGS CO	TH?
O THE TO DISEA TO UNDERL'	LEADIN lacs not meon allure, asthenia, ar camplication  ANTECEN SES OR CON O THE ABOVE RLYING CON!  SIGNIFICANT HE DEATH SE OR CONDIT TO OPERATION  END OPERATION CAUSE OF DE EMAL CAUSE  END OR CON CAUSE OF DE EMAL (Manth)	the mode of etc. It means which caused  DENT CAUSE DITIONS, IF A CAUSE (A) STORM LAST.  II  CONDITION SBUT NOT REFION CAUSING  ON 19B, CON WAS PER  WAS TRIB-EATH.	didying e.g. s the disease death.)  ES ANY, GIVING TATING THE  CONTRIBUT LATED TO G IT.  ANDITION FOR STORMED  218 horr etc.	(B) DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A. AUTOPSY in or obout 21C. Notifice bldg., NJURY	? (Yes or No)	20B. IF YES, WERE N CERTIFYING CA YES f in Boltimore City,	FINDINGS CO	TH?
OTHE TO UNDERLY UTING CAPPROX	LEADIN lags not meon allure, asthenia, ar camplication  ANTECEN SES OR CON O THE ABOVE RLYING CONI E SIGNIFICANT HE DEATH SE OR CONDIT E OF OPERATION ERNAL CAUSE INGOR CON CAUSE OF DE E (Manth)	the mode of etc. It means which caused  DENT CAUSE DITIONS, IF A CAUSE (A) STORM LAST.  II  CONDITION SBUT NOT REFION CAUSING  ON 19B, CON WAS PER  WAS TRIB- EATH.  (Day) (Yea	dying e.g. she disease death.)  ES ANY, GIVING THE  CONTRIBUT LATED TO GIT. NOTION FOR SFORMED  218 hometc.	(B) DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A. AUTOPSY Y in or obout 21C. V office bldg., INJURY	? (Yes or No)   es   VHERE DID (FOCUR?	20B. IF YES, WERE N CERTIFYING CA YES f in Boltimore City,	FINDINGS CO USES OF DEA give exact loc	TH?
WED TO THE TO TH	LEADIN lacs not meon allure, asthenia, ar camplication  ANTECEN SES OR CON O THE ABOVE RLYING CON!  SIGNIFICANT HE DEATH SE OR CONDIT TO OPERATION  END OPERATION CAUSE OF DE EMAL CAUSE  END OR CON CAUSE OF DE EMAL (Manth)	the mode of etc. It means which caused  DENT CAUSE DITIONS, IF A CAUSE (A) S' DITION LAST.  II CONDITIONS BUT NOT RE TION CAUSING ON 19B. CON WAS PER  WAS TITIBB- TITIB-	didying e.g. she disease death.)  ES ANY, GIVING TATING THE  CONTRIBUT LATED TO 3 IT.  NOTION FOR LORE TO THE STATE STAT	(B) DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A. AUTOPSY Y in or obout 21C. V office bldg, NJURY WHILE	? (Yes or No)   es   WHERE DID () r OCCUR?	20B. IF YES, WERE N CERTIFYING CA YES f in Boltimore City,	FINDINGS CO CUSES OF DEA give exact loc	TH?
OTHE TO SEA TO S	LEADIN  LEADIN  LEADIN  LEADIN  ANTECEN  LESS OR CON  THE ABOVE  RLYING CON  SIGNIFICANT  HE DEATH  SE OR CONDIT  TO PERATIC  ENAL CAUSE  ING OR CON  CAUSE OF DE  E (Manth)  TY  Certify that  TEALING  TO THE CONSTRUCT  ANTE OF OPERATIC  TO THE CONSTRUCT  TO THE CO	the mode of etc. It means which caused  DENT CAUSE DITIONS, IF A CAUSE (A) S' DITION LAST.  II CONDITIONS BUT NOT RE TION CAUSING ON 19B. CON WAS PER  WAS TITIBB- TITIB-	didying e.g. she disease death.)  ES ANY, GIVING TATING THE  CONTRIBUT LATED TO 3 IT.  NOTION FOR LORE TO THE STATE STAT	(B) DUE TO  (C)  ING THE  WHICH OPERATION  PLACE OF INJURY (e.g., ne, form, factory, street,  VELL INJURY OCCURRED  WHILE AT NOT NOT WORK  Inspection Au	20A. AUTOPSY  in or obout 21C. Noffice bldg., NJURY  WHILE 21F. However the control of the contr	? (Yes or No)   Power of the Cour?	20B. IF YES, WERE N CERTIFYING CA YES f in Boltimore City, RY OCCUR? Shosis, death in ndetermined more AMINER AMINER	FINDINGS CO CUSES OF DEA give exact loc	TH?
VOILE TO THE TO	LEADIN  LEADIN  LEADIN  LEADIN  LEADIN  ANTECEN  LEADIN  LEADIN  LEADIN  ANTECEN  LEADIN  LEAD	the mode of etc. It means which caused  DENT CAUSE DITIONS, IF A CAUSE (A) S'DITION LAST.  II CONDITIONS BUT NOT REFIION CAUSICON 19B. CON WAS PER  WAS TRIB-ATH.  (Day) (Yea	i dying e.g. s the disease death.)  ES ANY, GIVING TATING THE  CONTRIBUT LATED TO GIT.  BOTH HORNED  AND HORNED  AND HORNED  III (Haur)  M. Haur)  Breite:	(B) DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A. AUTOPSY  in or obout 21C. Noffice bldg., NJURY  WHILE 21F. Howard CHIEF M  ASSISTANT M  ASSOCIATE M	? (Yes or No)   Power of the Po	20B. IF YES, WERE N CERTIFYING CA YES f in Boltimore City, RY OCCUR? Shosis, death in ndetermined more AMINER AMINER AMINER	FINDINGS CO AUSES OF DEA give exact loc	DATE SIGNED 3-17-65
VOISEAN TO THE T	LEADIN lags not meon allure, asthenia, ar camplication  ANTECEN SES OR CON O THE ABOVE RLYING CON SIGNIFICANT HE DEATH SE OR CONDIT E OF OPERATION CAUSE OF DE E (Manth) RY Certify that resulted from: TUAL AMINER'S ME (Type)  CREMATION,	the mode of etc. It means which caused  DENT CAUSE DITIONS, IF A CAUSE (A) S'DITION LAST.  II CONDITIONS BUT NOT REFIION CAUSICON 19B. CON WAS PER  WAS TRIB-ATH.  (Day) (Yea	i dying e.g. is the disease death.)  ES ANY, GIVING TATING THE  CONTRIBUT LATED TO GIT.  BOTH HORNED  LONG HO	(B) DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	20A. AUTOPSY Y in or obout 21C. V office bldg., INJURY WHILE CHIEF M ASSISTANT M ASSOCIATE M OF CREMATORY	? (Yes or No)   es   es   es   es   es   es   es   e	ESE  ROB, IF YES, WERE N CERTIFYING CA YES fin Boltimore City, RY OCCUR?  Shosis, deoth In ndetermined more AMINER AMINER AMINER CATION (Ci	FINDINGS CO CUSES OF DEA give exact loc	DATE SIGNED 3-17-65



65 2943 M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMEN	IT

65 2943

BIRTH NO. MEDICAL EXAMINER	S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	IN DAYS AND HOUR OPPONIUM OF DEAD
1. NAME OF DECEASED (Type or Print)  LEANDER PRESBURY	March 17, 1965   10:40 a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
	D. STREET ADDRESS (If rurol, give location)
2214 Aiken St.	2214 Aiken St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) male colored	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILBERT PRESBURY	EGNAJONES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  VF (WAR) (If yes, give wor or doles of service)	7.7. INFORMANT ADDRESS 9.9 7.37 MCCABE AVE - ELNA PRECREDRY
/1B.	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Br	onchopneumonia
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	rrhosis of the liver
Ď B	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Partial
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  Yes  20A, AUTOPSY? (Yes of No.)  20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?
UINDERLYING OR CONTRIB-	(e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) treet, office bldg., NJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCU	NOT WHILE 21F. HOW DID INJURY OCCUR?
22. I certify that I held an Inquiry Inspection	Partial Autopsy X and that an this basis, death in my apinian
resulted from Natyral causes X Accident	Suicide Hamicide Undetermined manner
ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER 3-17-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMI	EFERY or CREMATORY 23D. LOCATION (City, town, or county) (Signe)
BURIAL 3-22-65 BALTIMOR	E NATIONAL BALTIMORE MO
MAR 19 1965 (Color) E. Farle	JOSEPHA KRIGHT 1639 N. BROADWAY
VS 151-REV. 1/1/65	

65	2944		BALTIMORE CITY HE	ALTH DEPARTME	NT		65	2944
BIRTH NO.	MF	DICAL F	AMINER'S	FRTIFICA	TE OF D	FATH Registe	ered Na	
M.E. CASE NO.	,,,,		O WIII VERCO	SERTITION.	12 01 0			
1. NAME OF DE	CEASED			-	2. DATE AND	HOUR PRONOUNC	ED DEAD	
(Type or Print)		ELSIE WI	LKERSON (McB	ride)	March	16, 1965		11:40 p
3. PLACE IN BAL	TIMORE, MARYLAND	, WHERE PRONO	JNCED DEAD	A STATE		eceosed lived. If inst	itution: residend	ce before odmiss
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO: ADDRESS OR L	SPITAL OR INSTITUTE	JTION, GIVE STREET	C. CITY OR TO	WN (If outside Baltimore	corporate limits, write	RURAL ond	give township)
				D. STREET ADI	DRESS (If rurol, o			
	Church H	ome & Hos	nital		Bond St			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under 1	Yr, If Under 24 H
female	colored		DIVORCED (specify)	2/7/		last birthdoyl		ys Hours Mi
		work 108, KIND OI	BUSINESS OR INDUST		(State or foreign		12. CITIZEN	OF
	working life, even if retir			Mary				QUNTRY?
3. FATHER'S NAM	ME				MAIDEN NAME		0.00	
A d- 1-	Torroa			Ta	telle Pa	nnlron		
	ur Hayes	MED FORCES?	116. SO CIAL	17. INFORMANT		ar Ker	ADDRESS	
	(If yes, give wor or		SECURITY NO.	Anthron	TIOTTOG	OO B Dow	2 0+	
11B.				Ar. Ultur.	nayes	20 S. Bor	10 5 6.	
	SE OR CONDITION LEADING TO DE, not meen the mode to, osthenio, etc. It m mplication which cous	ATH	(A) Hype	rtensive c	ardiovaso	cular disea	ase	
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CA OR CONDITIONS, HE ABOVE CAUSE (A NG CONDITION LA	IF ANY, GIVING	(B) DUE TO		••••			
6			( )		•••••	•••••		
O THE	II  NIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS	RELATED TO T	Lie	sity				
19A. DATE OF	F OPERATION 198. WAS	PERFORMED	WHICH OPERATION	NO NO	Y? (Yes or No) 2	OB, IF YES, WERE FIN CERTIFYING CAU	NDINGS CON SES OF DEATI	SIDERED H?
UTING CAU	CAUSE WAS OR CONTRIB-	21 B. home e1c.)	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJUI	WHERE DID (IF	in Boltimore City, gi	ive exact locat	ion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy)		WHILE AT NOT AT	WHILE WORK	NULVI DE WOL	Y OCCUR?		
-	tify that I held an		Inspection A			basis, death in r		

ACTUAL

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 3-17-65

(City, town, or county) 23D. LOCATION Baltimore, Maryland

(Stote)

Burial 3/20/65 Mt Audi
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR

Mt Auburn

23C. NAME OF CEMETERY OF CREMATORY

24C. FUNERAL DIRECTOR

ADDRESS

NAME (Type) Rudiger Breitenecker

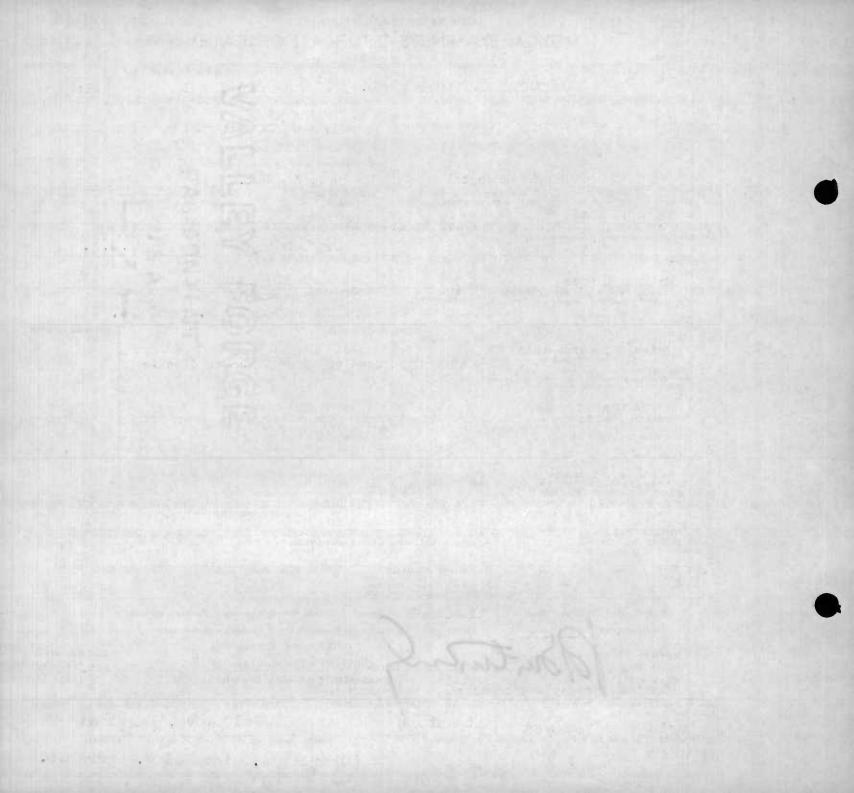
Charles A. Rice 661 W. Barre St.

VS 151-REV. 1/1/65

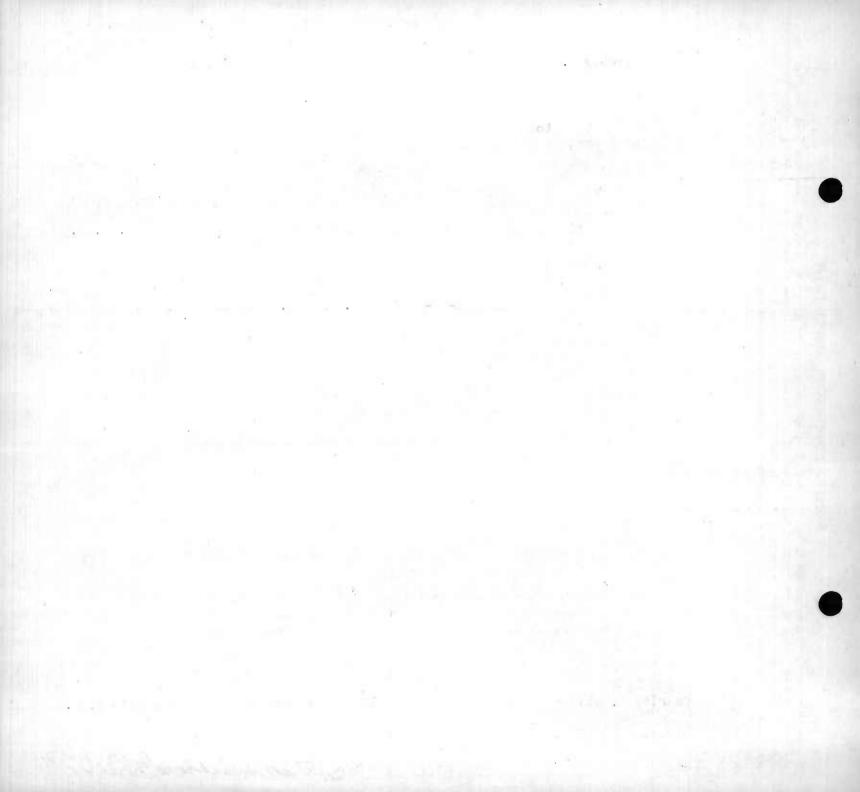
SIGNATURE

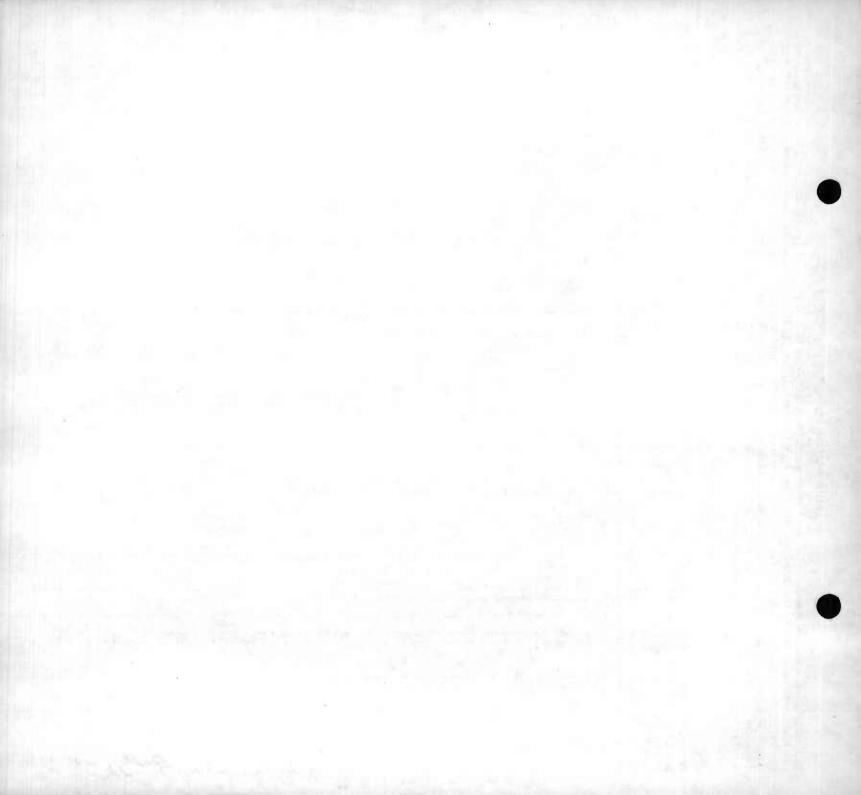
EXAMINER'S

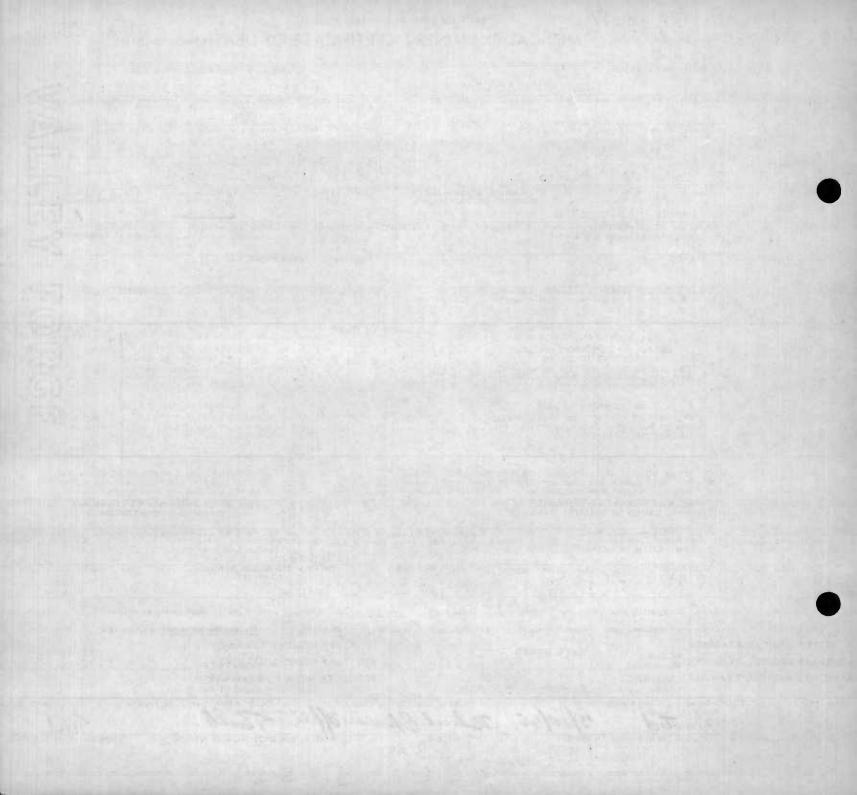
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)



VS 150-REV. 1/1/65







VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

<u>x</u> - 1.1 -10 % 25 CVG 0

occurred

assistant

his

chief medical examiner

the

6

VS 150-REV. 1/1/65

IMPORTAN

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

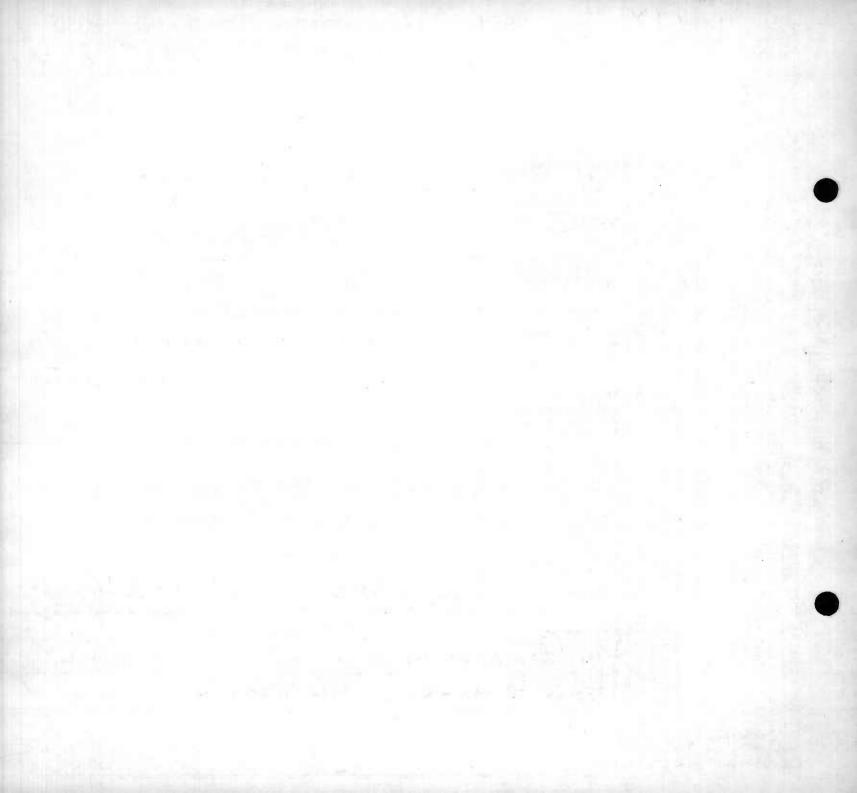
ADDRESS

INTERVAL BETWEEN

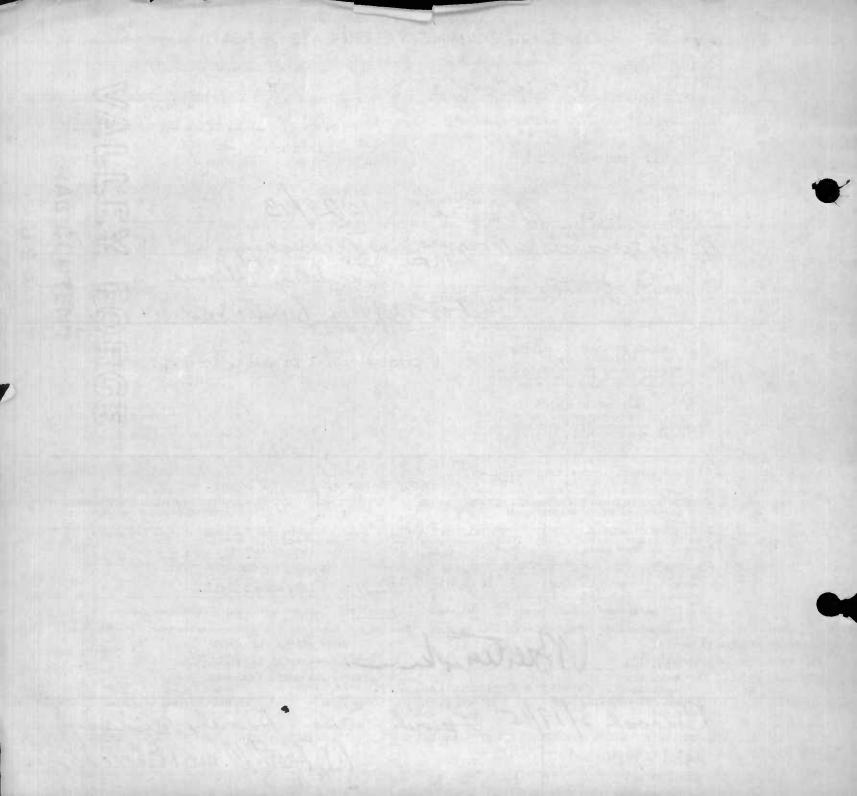
ONSET AND DEATH

O of spenkerness

1	BALTIMORE CITY HEALTH DEPARTMENT
100	RTH NO. CERTIFICATE OF DEATH Registered No. 65 2950
ĩ,	NAME OF DECEASED / / 2. DATE AND HOUR OF DEATH / 2. DATE AND HOUR OF DEATH / 2.
(1	ype or Print Islanche ( Forsyth march 10/65 6 TM.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USDAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street)
	HOSPITAL OR oddress or location) INSTITUTION  (If outside city limits, write RURAL and give township)
	agil St Dallmore 23
-	2 1/1 Kingsley - D. STREET ADDRESS; (If rurol, give lacotion)
5	SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In fights ) If Under 1 Yr. , If Under 24 Hrs.
	WINDOWED, DIVORCED (pecify) Of The World Doys Hours Min.
1	DA USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 17/ BIRTHPLACE/(Stote or foreign country) 12. CITIZEN OF
de	one during most of working life, even if retired) WHAT COUNTRY?
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
/	1 Page 1 Page 1 Poly
>	Supply Cocyay Color Cora Cora ADDRESS 16. SOCIAL 17. INFORMANT ADDRESS
	5. Was Deceased Ever in U. S. Armed Forces? es, no/or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT
	Leo, O Farsylv, 2911 ringstry
	18. 4 2 1 INTERVAL BETWEEN ONSET AND DEATH
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., hearf failure, asthenia, etc. II means the disease, injury or camplication which caused deoth.)  ANTECEDENT CAUSES  (B) My teardual hourt disease munity
	(This does not mean the mode of dying, e.g.,  DUE TO
	heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)
	ANTECEDENT CAUSES  (B)  DUE TO
	DISEASES OR CONDITIONS, if any, giving
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost,
-	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
0101	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion)
	21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
1	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY While At Not While
	Work At Work
	22. I certify that (I) (this haspital) attended the deceased from 1000 to 1901,
	that (I) (we) last sow the deceased alive on March 10 19 ( ond that in (my) (our) opinion death occurred on the date
	ond hour ond from the couses stated obove. (I) (We) (did) (did not) view the body offer deoth.
	23A. SIGNATURE CUM USM ON ON MAD. Attending W. Med. Stoff 3. 1916
	Phys. Director Phys.
	PASCIANTS NAME (Type) HETTRY ARMANAS M.D. 1934 Wilkew tre Halto 23, Md.
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
1	Durial 7/1/65 a oudon HC Jalto. 27. Wel
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS
	MAR 19 1965 (iles & follows) Welley (1. 4,0) Canonison
€	\$ 150-REV. 1/1/65



VS 151-REV, 1/1/65



M.E. CASE NO.

1. NAME OF DECEASED LUKE C. ROSS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 2. DATE AND HOUR PRONOUNCED DEAD

3:00 P. March 16, 1965

FULL NAME OF

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

at foot of Fells Street

Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

HOSPITAL OR

Found in submerged automobile

Baltimore

D. STREET ADDRESS (If rurol, give location)

419 East 22nd Street

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spedity) Male Negro

9. AGE (In years 50

If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF INDUS 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown), (If yes, give wor or dotes of service)

16. SO CIAL 7. INFORMANT ADDRESS

SECURITY NO.

CAUSE OF DEATH

INTERVAL RETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenra, etc. It means the disease, injury or complication which caused death.)

Undetermined at autopsy (far DUE TO

advanced postmortem decomposition)

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Presumed drowning

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? Harbor

Harbor foot of Fells Street

UTING CAUSE OF DEATH. 21D TIME (Month) (Day) (Year)

OF INJURY

(APPROX.)

22.

21 E. INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

Car went off peer at end of Fells Street

Unknown 1 certify that I held an Inquiry \_\_\_

Inspection

MHILE AT

Autapsy X

NOT WHILE

and that an this basis, death in my apinion

resulted fram: Natural causes

23B, DATE

Accident

23C. NAME OF CEMETERY OF CREMATORY

Suicide Hamicide

Undetermined manner X

ACTUAL SIGNATURE

WAS PERFORMED

M.D. ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

3-17-65

DATE SIGNED

(Stote)

EXAMINER'S NAME (Type) 23A. BUBIAL CREMATION,

John E. Adams, M.D.

3D. LOCATION

(City, town, or county)

24A. DATE REC'D BY HEALTH DEPT.

REMOYAL (Specify)

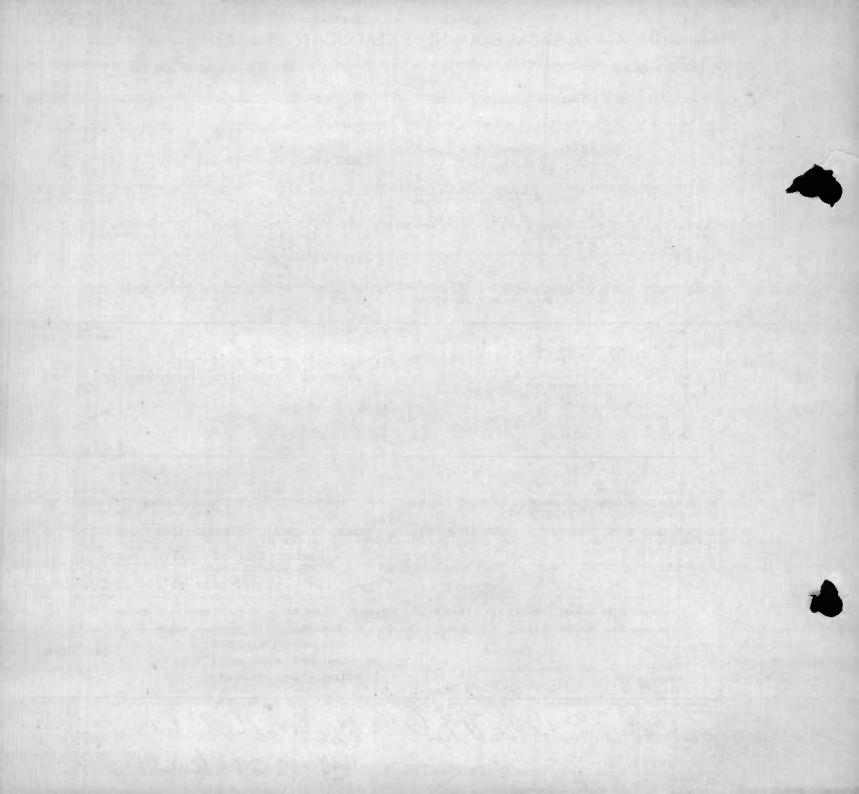
24B, NAME OF REGISTRAR

MUNERAL DIRECTOR 240

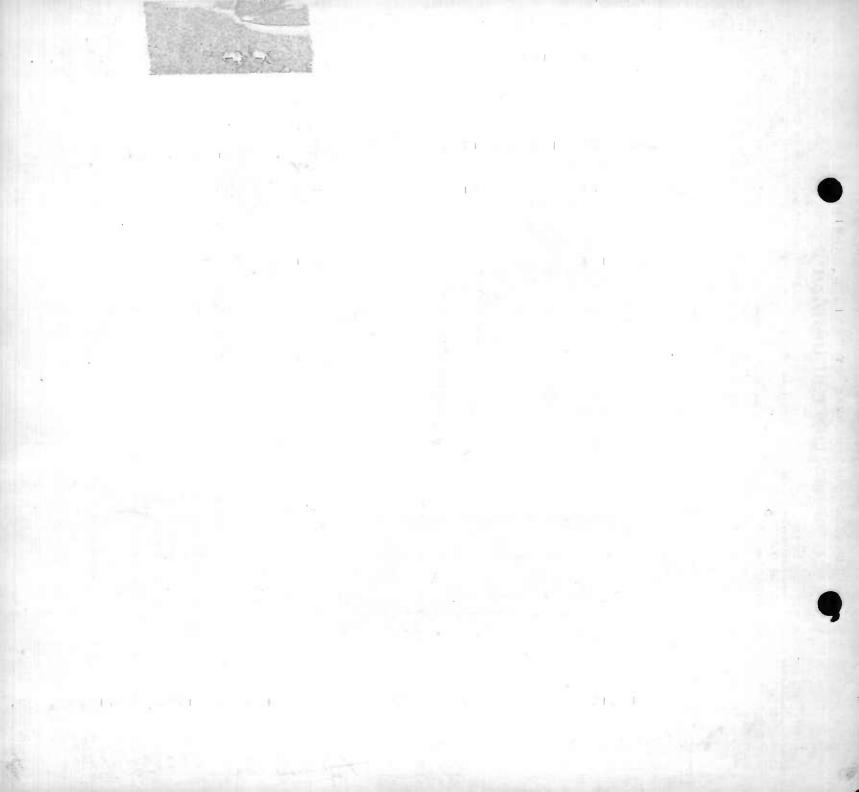
ADDRESS

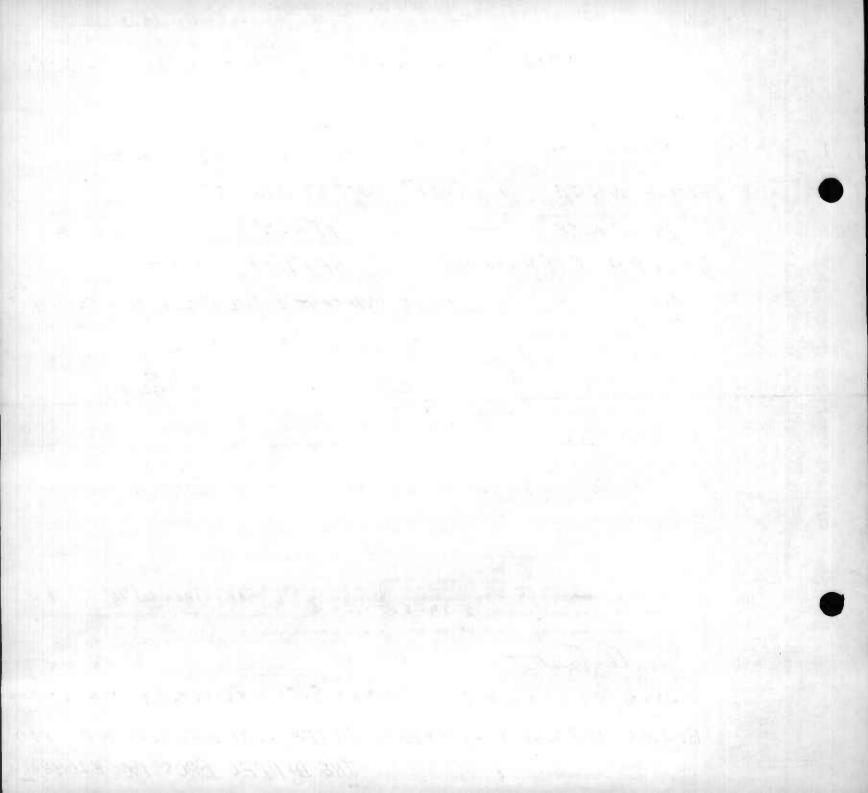
VS 151-REV. 1/1/65





3. FLACE OF DIATH IN BALTIMORE, MARTLAND  THULL NAME OF CONTRIBUTION  THE STATE OF CONTRIBUTION  JOHNS HOPKINS HOSPITAL  JOHNS	JOHNS HOPKINS HOSPITAL  JOHNS HOPKINS HOSPITAL  SER BASE WIGHT COUNTY WAS CONDITION DIRECTLY OF BEATT OF BATH COUNTRY WHAT COUNTRY HOSPITAL  JOHNS HOPKINS HOPKINS HOPKINS HOPKINS  JOHNS HOPKINS HOPKINS HOPKINS  JOHNS HOPKINS HOPKINS HOPKINS  JOHNS HOPKINS HOPKINS HOPKINS  JOHNS HOPKINS HOPKINS  JOHNS HOPKINS HOPKINS	1	F DECEASED  NO ROBERT PR	RIDE	2, DAT	3-16-65	1:50 P
JOHNS HOPKINS HOSPITAL  D. STREET ADDRESS If I nord, gave location STREET  S. SEX	JOHNS HOPKINS HOSPITAL  D. STREET ADDRESS Off Irund, "ove location" 1745 E. PRESTON STREET  S. SEX  NEGRO  NEGRO  NEGRO  NEGRO  NEGRO  NARRIED NEVER MARRIED  NARRIED NEVER MARRIED NARRIED  NARRIED NEVER MARRIED NARRIED  NARRIED NEVER MARRIED NARRIED  NARRIED NEVER MARRIED NARRIED NARRI	FULL N HOSPITA	AME OF (If not in hospit	tot or institution, give street	MARYLAN	D	institution; residence before
MALE NEGRO MORES DISCRETE (1904)  MALE NEGRO MARRIED 2-21-14  MORES DISCRETE (1904)  MORES	MALE NEGRO  WINDOWED DIVORCED Specify)  MARRIED  103. USUAL OCCUPATION (Give kind of working), RIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stote or foreign country)  113. FATHERS NAME  FRANK PRIDE  115. WAS Dreessed Even in U. S. Armed Foress?  116. SOCIAL  (Techno or unknown) (II) yes, give wor or dekes of serviced)  SOCIAL  (Techno or unknown) (II) yes, give wor or dekes of serviced)  CAUSE OF DEATH  (This does not mean the mode of dying), giving singly or injury or complication which coused death.)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying), giving singly or injury or complication which coused death.)  DISEASE OR CONDITION SONTRIBUTING  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER SIGNIFICANT CONDITION NO. NU. SINGLATED TO THE  DISEASE OR CONDITION NO. NU. SINGLATED TO THE  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE of OFFERTION WAS PERFORMED  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE of OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE of OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE of OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE of OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE of OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE of OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE OF OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE OF OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE OF OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE OF OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE OF OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE OF OFFERTION WAS PERFORMED  DISEASE OR CONDITION ON NU. SINGLATED TO THE DATE OF OFFERTION WAS PERFORMED	3	JOHNS HOPKI	INS HOSPITAL	D. STREET ADDRESS	(If rural, give location)	TREET
FRANK PRIDE  15. Wos Docessed Ever in U. S. Armed Forces? 17. INFORMANT  ADDRESS  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, asthenia, etc., it means the disease.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving injury or complication which caused death.)  TO THE DEATH RUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASES OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  19. DISEASE OR CONDITION CAUSING IT.  19. A. DATE OF OPERATION IN S. A COLORENT CAUSES OF DEATH?  21. A. ACCIDENT WAS UNDERLYING IT.  DISEASE OR CONDITION CAUSING IT.  19. A. CCIDENT WAS UNDERLYING IT.  DISEASE OR CONDITION CAUSING IT.  19. A. CCIDENT WAS UNDERLYING IT.  OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 2) 4. WHERE DID  OR CONTRIBUTING CAUSE OF INJURY Co., in or obout 2) 4. WHERE DID  OR CONTRIBUTING CAUSE OF INJURY Co., in or obout 2) 4. WHERE DID  OR CONTRIBUTING CAUSE OF INJURY CO. IN OR WHICH OF INJURY CO. IN INJURY OCCUR?  OF INJURY  (APPROX.)  22. I certify that (N) (this hospital) ottended the deceased from 3 / 6. / 6. 9 / 30 / 19 / 10 / 30 / 30 / 19 / 10 / 30 / 30 / 19 / 10 / 30 / 30 / 30 / 19 / 10 / 30 / 30 / 30 / 30 / 30 / 30 / 30	TRANK PRIDE   NELLIE JONES	MAL I	NEGRO OCCUPATION (Give kind of w	WIDOWED, DIVORCED (specing of the control of the co	2-21-14	lost birthdoy)	Months Doys Hours
Test of unknown of the course of services   SECURITY NO.   The CAUSE OF DEATH   THE CAUSE O	The significant condition of the deceased of the condition of the condit						
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., in means the disease, heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving to the above cause (A) stating the property of the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONTRIBUTING TO THE DISEASE OR CONTRIBUTION TO T	ONSET AND D  LEADING TO DEATH  (This does not mean the mode of dying, e.g., and the folius, eashening, etc., it means the disease of injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving is in seed to the above couse (A) stoling the injury or complication which coused death.)  OTHER SIGNIFICANT CONDITION IOSI.  OTHER DEATH BUT NOT RELATED TO THE DISEASES OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS FERFORMED  OF CONTRIBUTING CAUSE OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH!  AND While OR CONTRIBUTING CAUSE OF DEATH!  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH!  AND CERTIFING CAUSES OF DEATH!  (If in Boltimore City, give exact locobion on or obout 21 to MARKE DID INJURY OCCUR?  While A WAS ALL WORLD OF THE CONTRIBUTION OF THE CONTRIB	15. Wos Da (Yes, no or u	ceased Ever in U. S. Armed nknown) (If yes, give wor or d	dotes of services SECURITY NO.	17. INFORMANT	& Re con	ADDRESS
Injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving this is to the above cause (A) stoling the property of the property	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving isse to the above couse (A) stoling the properties to the properties t	(This	LEADING TO DEAT	DIRECTLY CATON (A)  of dying, e.g., and DUE T	Preumon	iac	
WAS PERFORMED    CAUSE OF DEATH?	218. PLACE OF INJURY (e.g., in or obout 210. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg. INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED  While At Not While At Work  22. I certify that (N (this hospital) attended the deceased from 3 / 6 / 5 / 30 / 19 to 3 / 6 / 5 / 15 / 15 / 15 / 15 / 15 / 15 /	OTHE TO DISEA	ANTECEDENT CAUS SES OR CONDITIONS, is to the above couse (A RLYING CONDITION lost.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RI SE OR CONDITION CAUSING	CONTRIBUTING ELATED TO THE	te friend	- 0812	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Work  22. I certify that (N) (this haspital) attended the deceased from 3/6/65 930 19 to 3/6/65 15 that (N) (we) lost saw the deceased alive on 3/6/65 19 and that in (vay) (our) opinion death occurred on and hour and from the causes stated above. (N) (We) (did) (did not) view the body after death.	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At   Not While   At Work   Not While   Not While   Not Work   Not Wo	OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21B. PLACE OF INJURY home, form, foctory, str	(e.g., in or obout 21 . WHERE D	IN CERTIFYING (	CAUSES OF DEATH?
that (M (we) lost sow the deceased alive on 3/14/2/50/19 ond that in (my) (our) opinion death occurred on and hour and from the causes stated above. (N (We) (did) (did not) view the body after death.	that (M (we) lost saw the deceased alive on 3/1/2/50/19 ond that in (my) (our) opinion death occurred on and hour and from the causes stated above. (N) (We) (did) (did not) view the body after death.  23A. SIGNATURE  M.D. Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)	21 D. TI	URY	While At   No	While	INJURY OCCUR?	1 / 1:50
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	22. 1	(we) lost sow the deced	ased olive on 3/1/4/2	1.5cp 19or	nd that in (nex) (our) o	opinion death occurred on

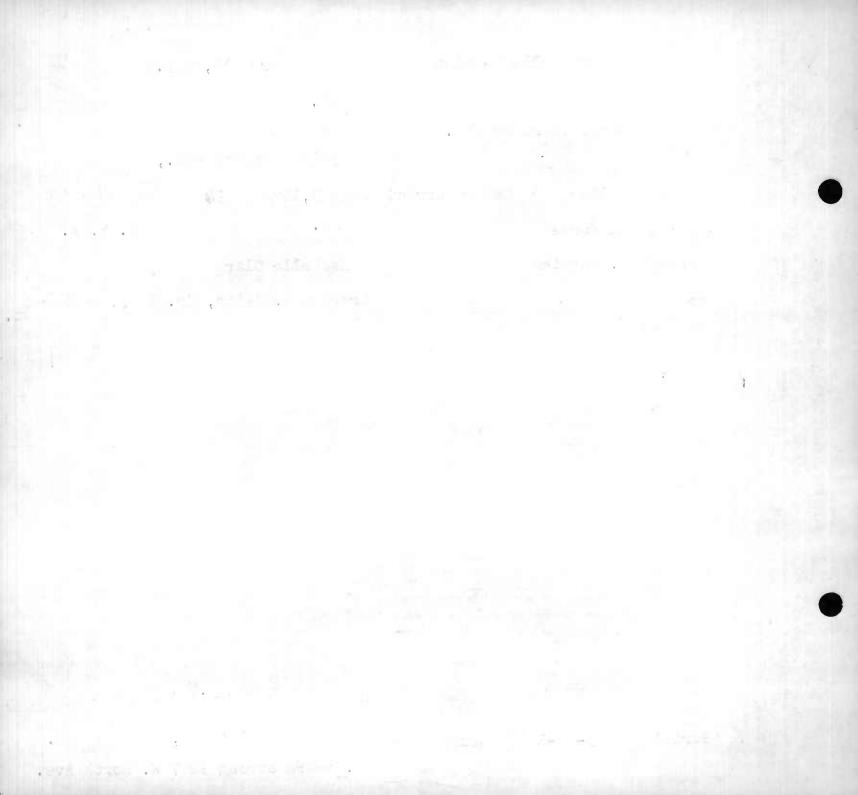




IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



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BALTIMORE CITY HEALTH DEPARTMENT

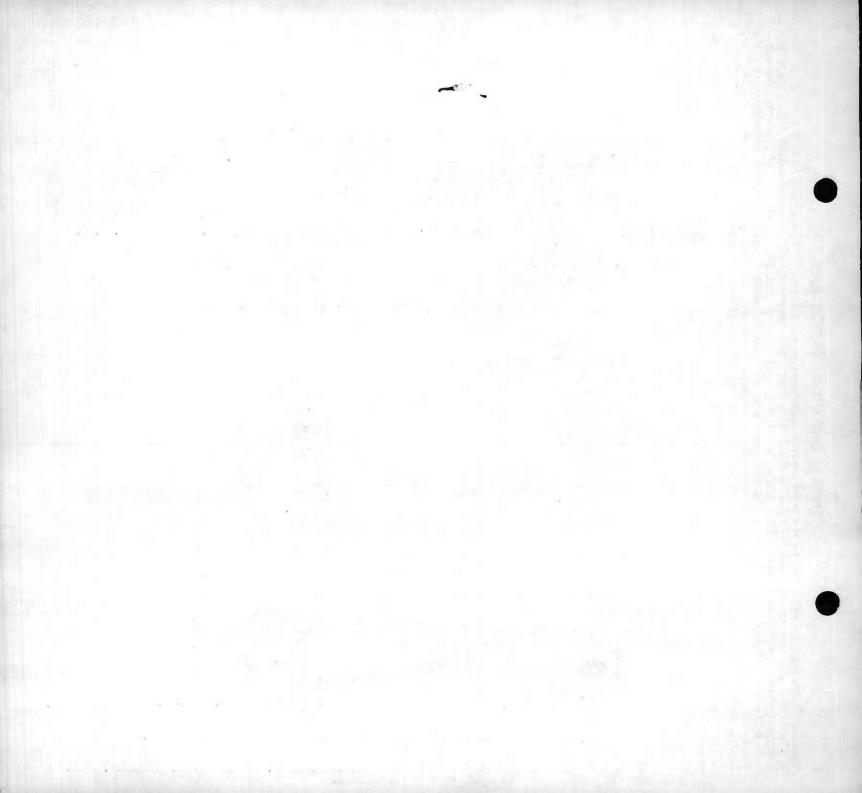
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	BIRTH	NO.		

BIRTH NO.	WEDI	ICAL EXAMINER'S C	EKTIFICATE OF DE	AIH Registered Na	
M.E. CASE NO.					
1. NAME OF DEC	CEASED			HOUR PRONOUNCED DEAD	
		RLES TYSON		h 15, 1965	9:27 Pm.
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de	B. COUNTY	idence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)	Maryland c. CITY OR TOWN (If outside of Baltimore	orporate limits, write RURAL	and give township)
	1329 N. Fi	cemont Avenue	D. STREET ADDRESS (If rurol, gi	ve locotion) emont Avenue	
5. SEX Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)	8. DATE OF BIRTH  10-9-1904		Doys Hours Min.
done derive mbuois	working life, even it stired)	108. KIND OF BUSINESS OR INDUSTR	Georgia	country) 12. CITI	TEN OF SUNTRY?
13. PATHER'S NAM			14. MOTHER'S MAIDEN NAME		
	O EVER IN U.S. ARMED		Mabel Kn	ADDRES	Sethune 1
(18. 4.0	2.1	CAUS	E OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DI	RECTLY			ONSET AND DEATH
	LEADING TO DEATH	(A) Art	eriosclerotic card	iovascular	
heort foilure,	osthenio, etc. It means	ine disease,	d	isease	
injury or cor	mplication which caused	de ofn.)			
A	INTECENDENT CAUSE	S (P)			
	OR CONDITIONS, IF A			***************************************	
	IG CONDITION LAST.	IA IINO THE			
Z		(C)		•••••	
O THE	II  NIFICANT CONDITIONS  DEATH BUT NOT REI  R CONDITION CAUSING	LATED TO THE			
19A. DATE OF		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20 IN	E. IF YES, WERE FINDINGS I CERTIFYING CAUSES OF D Yes	
UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If office bldg., INJURY OCCUR?		location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	WHILE AT NOT	21F. HOW DID INJURY	OCCUR?	
22.	tify that I held an I	nquiry Inspection A	and that on this	basis, death in my apinic	ın
					The same of
resul	ted fram: Natural car	uses X Accident Suici		determined manner	
ACTUAL	01	9 11	CHIEF MEDICAL EXA		DATE SIGNED
SIGNAT		2. Adha M.	ASSISTANT MEDICAL EXA		/
EXAMIN			ASSOCIATE MEDICAL EXA	MINER	3-16-65
NAME (		ohn E. Adams, M.D.	COSTALLED DE LA COSTALLE DE LA COSTA	CATION (City, town, or	county) (Stote)
23A, BURIAL CRE REMOVAL (Specify		-65 Salta. Y	ational Ba	alternow	md
24A. DATE REC'D	BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C UNERAL DIRECTOR		ADDRESS
. M	AR 19 1965 (	Best E. talken M. A.	Lunell & (	Iden Bal	to md.
VS 151-REV. 1/1/	65	to the second			

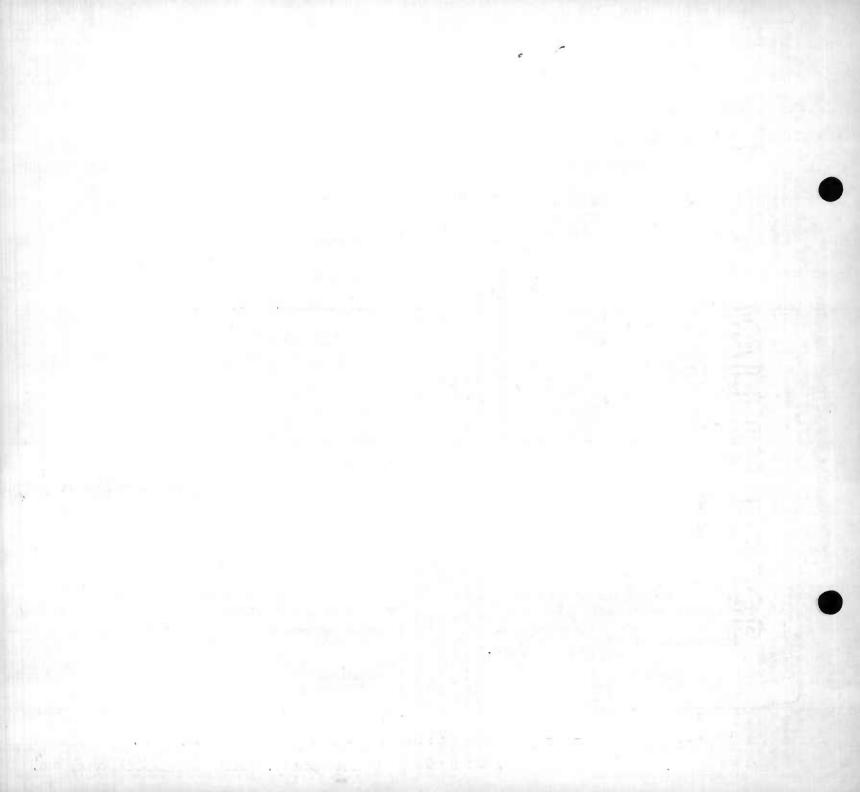
10-9-1904 12/2 Deposits Kitchen Halper JUNE WILL 216-01-87 m he Knowst - 979 15 26 ... Burch 3-19-65 Solte notions Boltomon Lumellis action Sollo

	TH NO. E. CASE NO.	65 2957		CERTIFICA			Registered Na.		295
1.1	NAME OF DEC	CEASED	30.30	A14 1			HOUR OF DEATH		
				on Albert			17 1965		7.30
3.	PLACE OF DE	ATH IN BALTIMORE, M	AKYLAND		A. STATE	B. COUNT	deceased lived. Il i	nstitution; reside	nce before
	FULL NAME C			give street	Maryla	and		1501	1/10
	HOSPITAL OR	oddress or locoti	on)				de city limits, write	RURAL ond giv	e township)
					D. STREET ADDI	nore #36	rol, give location)	5.0	00
		St. Joseph	Hospita]			Belair F			
5.	SEX	6. RACE	7. MARRIED	, NEVER MARRIED	8. DATE OF BIRT		AGE (In years st birthdoy)	If Under 1 Y Months: Doy	r. If Und
	ale	white		D, DIVORCED (specify)	12-16-02		st birthdoy) 62	Months Doy	s Hours
10/	USUAL OCC	UPATION (Give kind of wo		F BUSINESS OR INDUSTRY				12. CITIZEN	OF
dor		working lile, even if retired		R. Rd.	R-1	+:ma==	MJ		OUNTRY?
13.	FATHERS NA		T GIIIIe	, 11. 11.U.	Bal 14. MOTHERS M	LAIDEN NAM	, ///a.	U.S	.71.
			0.0						
16		(. Dotter		11.6 505141	17. INFORMANT	erine l	Vhitmore		DRESS
(Ye	s, no or unknown	(If yes, give wor or do	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT				DRESS
				216035114	Mr. Ne	Lson W	. Dottere	er S	ame
	18. 3 2	7.11		CAUSE O				INTE	RVAL BETY
	DISEA	SE OR CONDITION D							El Allo
	(This does a	LEADING TO DEATH		(A) EM	physema wi	th Pneu	monitis		
	heart failure,	nal moan lho mado d aslhenia, elc. Il mean	s the disease	, DUE TO					
		nplication which cause		(6)					
	1.77	ANTECEDENT CAUSE		DUE TO	de destinativativativativa esire di di direttrativa en		** 0 ** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		OR CONDITIONS, if e abave cause (A							
		G CONDITION last.		107				ana <b>oowand</b> ++nnaaoo a onaonao	86000000000000000000000000000000000000
_		II II		MARCON N.	11700				
ATION	TO THE D	IFICANT CONDITIONS DEATH BUT NOT REI	ATED TO TH						
	DISEASE OR	CONDITION CAUSING	IT.	WHICH OPERATION	20A. AUTOBO	2 (Yes or Not	208. (F YES WEDE	FINDINGS CO.	Nabero
ERTIFIC	O	WAS PE	RFORMED	THE STEAM OF THE S	To a diorsi	10.	20B. IF YES, WERE IN CERTIFYING CA	USES OF DEA	TH?
CER	21A. ACCIDE	NT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., in	n or obout 21 C. WI	HERE DID	(If in Boltimo	o City, give ex	oct locotion
AL	OR CONTRIB	UTING CAUSE OF medical examiner	hor	mo, form, foctory, street, of	ffice bldg., INJURY	OCCUR?			
U	21D. TIME	(Month) (Doy) (Yeor	) (Hour) 21E	E. INJURY OCCURRED	21F. H.O	W DID INJU	RY OCCUP?		
MEDI	OF INJURY		wi	hile At Not While	e —				
			W	OIR — AI WOIR					
	22. I certify	that (1) (this haspite	al) attended t	the deceased from]	March 10	19	.65 to Mar	ch 17	1
	that (I) (we)	last saw the deceas	sed alive an	March 17	1965	and that	In(my) (aur) ap	inlan death a	ccurred a
	and haur an	d fram the causes st	ated abave. (	(i) (We) (did) (dld nat) v					
	23A. SIGNAT	JRE .	1	111				23B, DATE SI	GNED
		(m mi	1 14.1	adella.D. Atte		ed. S rector P	toff hy s.		
	23C. PHYSICIA	AN'S			23 D. ADDRESS	2 5 60			
	TOTAL CO	Jimmy 4.	Cordero	M.D.	1400 N. C	aroline	St. Balto	27272	Mo
-	A. BURIAL CRE	MATION, 248. DATE		AME of CEMETERY of CRE	MATORY	24D. LO		ity, town, or co	
241	REMOVAL		1/ - 0	. 10.1		01	4: /	nd	
241	KILMEN	2/7/1	64 1	hill distant	13 172 17 15 July 1 4	1301			
	BUVAL A. DATE REC'D	1		ruid Ridge (	emetery	Dal	ilmone, 1	na.	ADDRESS
		3/20/ BY HEALTH DEPT. MAR 19 1965		of reciseran	25C. FUNERA	L DIRECTOR	timore, luck, Inc.	Ralto	ADDRESS

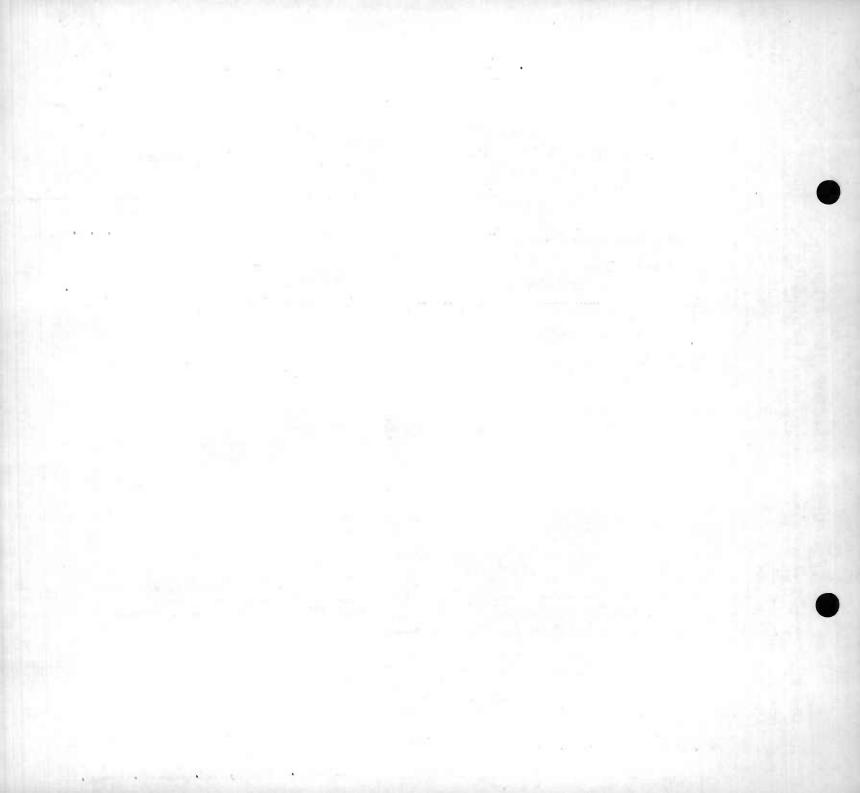


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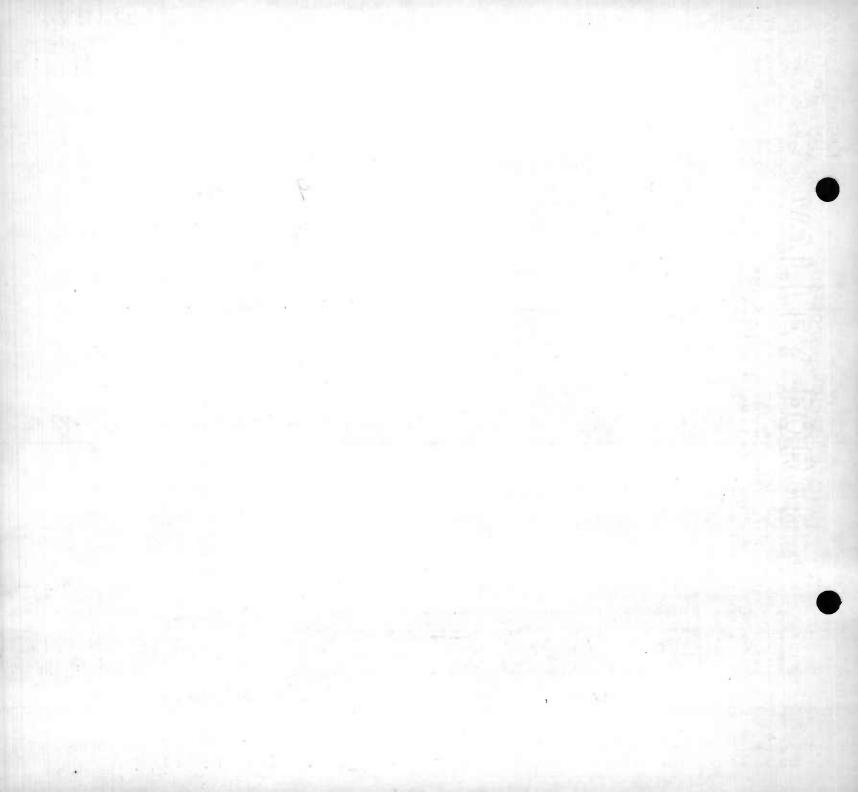
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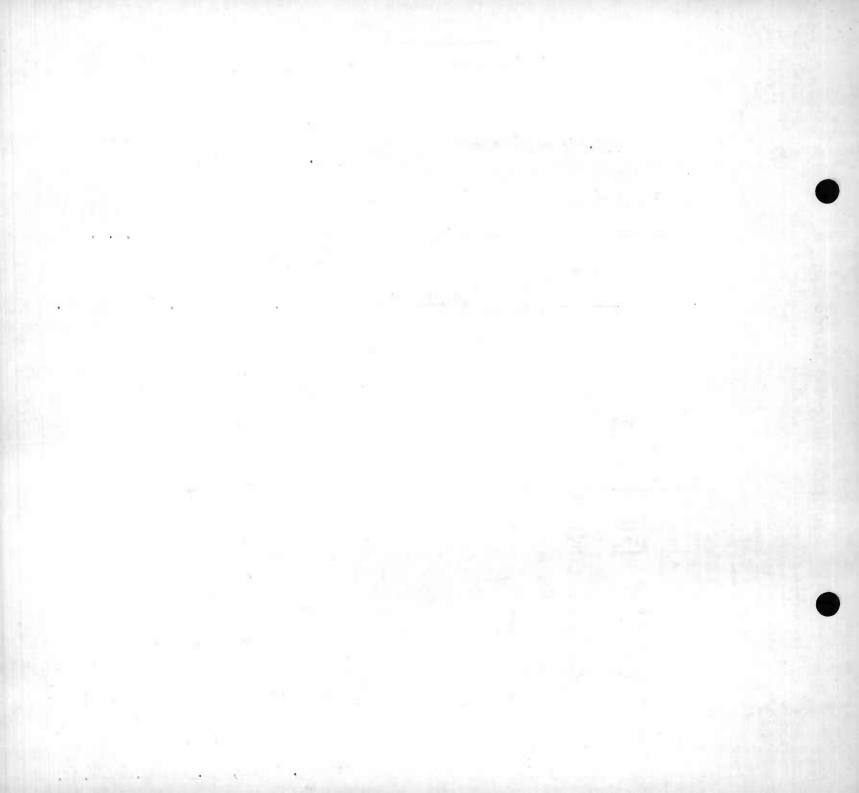
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  Mary R. Siney  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmined by the composition of the comp
1. NAME OF DECEASED  (Type or Print)  Mary R. Siney  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospitol or institution, give street oddress or location)  3023 (hesterfield Avenue  5. SEX 6. RACE  (If MARYLAND  2. DATE AND HOUR OF DEATH  3/17/65  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit a. STATE  B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimane  D. STREET ADDRESS (If rural, give location)  3023 (hesterfield Avenue)  5. SEX 6. RACE  7. MARRIED, NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In vers) (6 Under 1 Yr. If Under 24)
Type or Print)  Mary R. Siney  3/17/65  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit a. STATE  FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street address or location)  3023 (hesterfield Avenue  D. STREET ADDRESS (If rural, give location)  3023 (hesterfield Avenue  D. STREET ADDRESS (If rural, give location)  3023 (hesterfield Avenue  D. STREET ADDRESS (If rural, give location)  3023 (hesterfield Avenue
FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If outside city limits, write RURAL and give township)  Baltimare  D. STREET ADDRESS (If rural, give location)  3023 (hesterfield Avenue  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veges (f Under 1 Yr. If Under 2)
FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If outside city limits, write RURAL and give township)  Baltimare  D. STREET ADDRESS (If rural, give location)  3023 (hesterfield Avenue)  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veges (f Under 1 Yr. If Under 2)
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SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years (f Under 1 Yr., If Under 24
WIDOWED, DIVORCED (specify)   Jost birthdpy)   Months Doys Hours N
Female White Single 1/24/81 84  OA, USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country) 12, CITIZEN OF
one during most of working lite, even if retired)
Seamstress (retired) Maryland U.S.A.
James Siney  Mary Whaten  Mary Whaten  Address
52COKITI NO.
no 215-09-7728 Miss Anna Siney 3023 (hesterfield A
18. 33 / XI CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  Conchus Homographics = MY Homiston 2 days
(This does not mean the made of dying, e.g.,
hearl foilure, asthenia, etc. Il means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES  (B) Cemeralized Antenios denses Several peans
ANTECEDENT CAUSES  (B) C Notral 12 4 A 17 PP 10 Salents, Several 4 PAR TO
DISEASES OR CONDITIONS, if any, giving
rise to the above cause (A) stating the (C) UNDERLYING CONDITION (as).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (T.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout of o
j
OF INJURY
(APPROX.) Work At Work
22. I certify that (I) (this hospital) attended the deceased fram 19 to 19 to 19 to
that (1) (we) lost saw the deceased alive an March 11 19 65 and that in (my) (our) opinion death accurred an the
ond haur and from the causes stated above. (1) (No.) (did) (did-not) view the bady after death.
23A. SIGNATURE  M.D. Attending Med. Stoff 23B. DATE SIGNED
23C. PHYSICIALS   23D. ADDRESS
NAME Speed Law /M Timmers man M.D. 3202 Harford Rd BITIMEN MA
The state of the s
24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (SI
Burial 3/22/65 New Cathedral Cemetery Baltimore Maryland 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
MAR 19 1965 ( 1966 & Southern O 260 16 M 1 2 2000 600
15 150-REV. 1/1/65



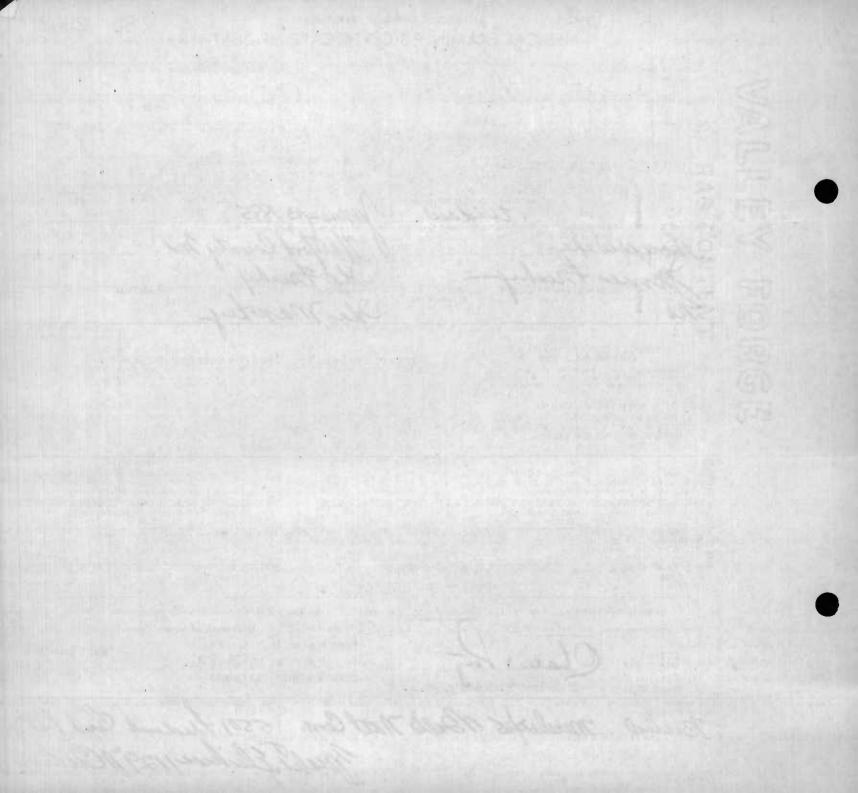
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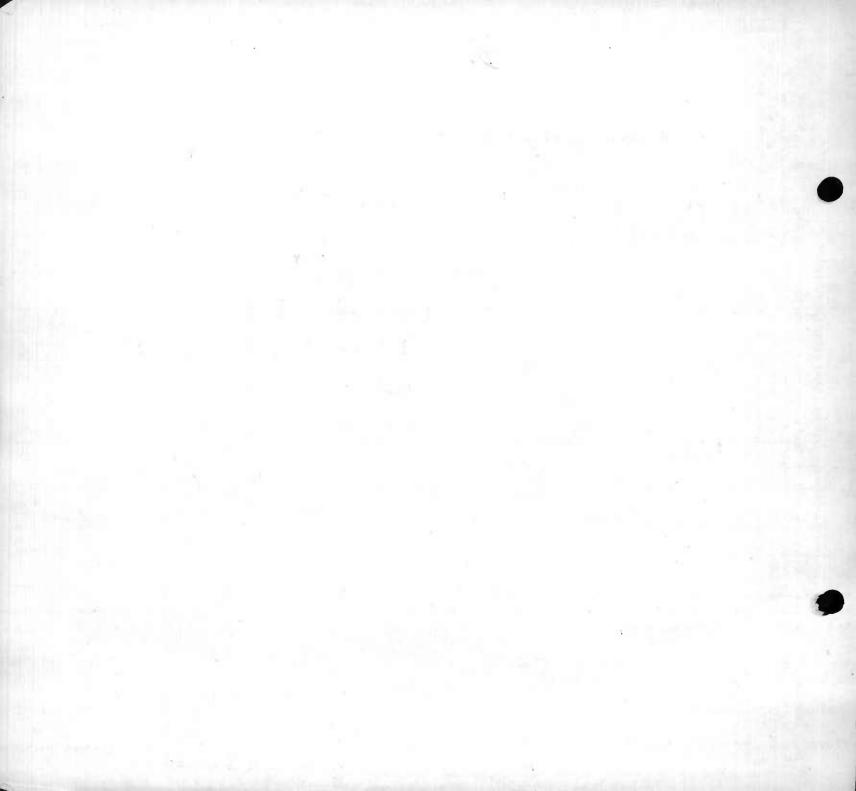
705	TH NO. 65 2961 CERTIFICATE OF DEA	TH Registered No.	
S (Ty	pe or Print) Harry William Hammen	3/18/65 CE (Where deceased lived, If	institution: residence before odmissi
080	FULL NAME OF (If not in hospital or institution, give street  HOSPITAL OR oddress or location)  C. CITY OR TOWN	(If outside city limits, write	6-47
d cau	13 N. Highland Avenue  Baltimo.  D. STREET ADDRESS  13 N. Highland		
egul sed	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specify)  Male: White married 8/28/14  NUSUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote	9. AGE (In years lost birthday) 50 e or foreign country)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
dor de de d	Chaulleur Trucking Manulant FAMER'S NAME 14. MOTHER'S MAIL	DEN NAME	U.S.A.
w the lost	Harry Hammen  Alice ( Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT	Glass	ADDRESS
de de ince	no or unknown) (III yes, give wor or dotes of service) 2 15 unity NO, 493 Margaret / 18. 3 CAUSE OF DEATH	M. Hammen 13 N.	Highland Ave.
pronounced lar attendo	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart lailure, asthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	Thrombos	onset and death
in regu	ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoting the UNDERLYING CONDITION lost.		
e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ud ulcer	3.exers
tore the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Y.	es or No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CALC	21A. A CCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE home, form, foctory, street, office bldg., thJURY OC etc.)	EDID (If in Boltimo	ore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OF INJURY (APPROX.) While At Work At Work	DID INJURY OCCUR?	1/10/1
al (exce h); and be obtai			2) 19 6: Dinion death accurred an the c
a hospital r to death) val must be	and haur and from the causes stoted abave. (1) (16) (did) (did not) view the bady after  23A. SIGNATURE  M.D. Attending Med. Direck Phys.   23D. ADDRESS	Stoff -	3/19/65
d prior	23CLPHYSICIAN'S NAME (Type)  L'F, KLIMES  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY	E. MONUM	13/1270 5 M
D Lettin 25/	Burial 3/22/65 Holy Redeemen Cometeny	Baltimone	Maryland ADDRESS
deceased written	MAR 1 9 1965 (September 258. Name of geological particles)	Morian Inc. 300	O E. Balto St.



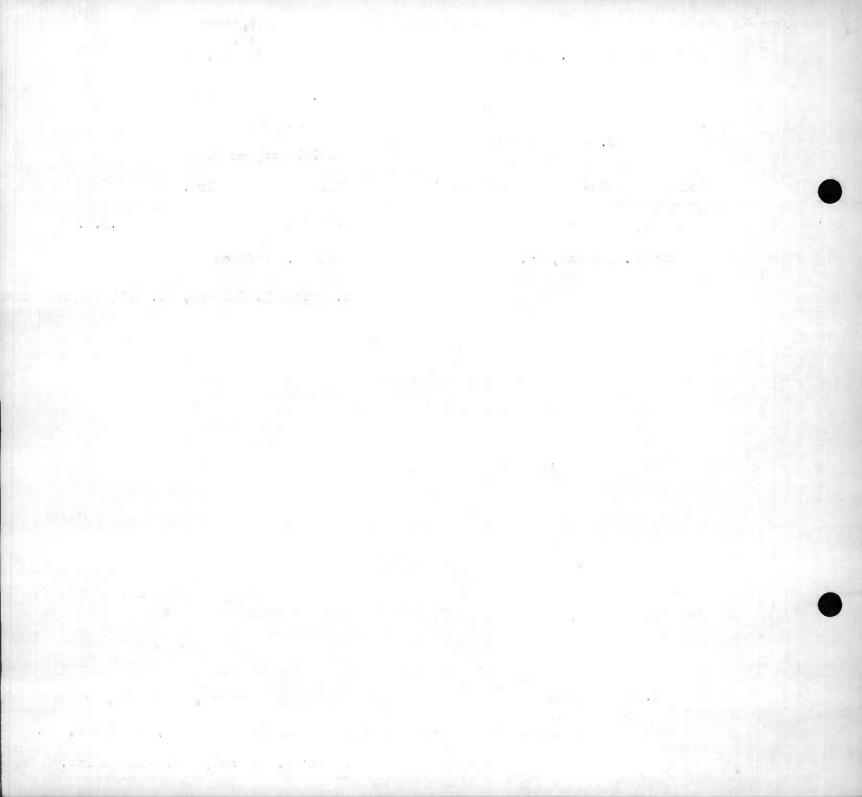
11	1	65 2962 BALTIMORE CITY HEALT	00 6006
H	620		RTIFICATE OF DEATH Registered No.
		M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
		JENNIE V. HARRIS	March 18, 1965   11:03 P M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before admission) A. STATE B. COUNTY
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
		HOSPITAL OR ADDRESS OR LOCATION)	Baltimore
	11	St. Joseph's Hospital	D. STREET ADDRESS (If rurel, give locotion)
	4		1129 N. Caroline Street
		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
		Female Negro Widow	MNUAU/13/885 80
		done during most of working life, even if retired)	BIRTHPLACY (Stope or foreign country)  12. CITIZEN OF WHAT COUNTRY?
		13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Homes Freshy	It of Friely
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dotes of price) SECURITY NO.	17. INFORMANT ADDRESS
		no	Ila Mansky
		1B. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY	
		(This does not mean the mode of dying e.g.,	iosclerotic Cardiovascular Disease.
		heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
		ANTECENDENT CAUSES	
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
		UNDERLYING CONDITION LAST.	
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	With the second teachers and the second teachers
		TO THE DEATH BUT NOT RELATED TO THE	
		DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
		WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
		V 21A. EXTERNAL CAUSE WAS  UNDERLYING □ OR CONTRIB-  UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	n or obout 21C. WHERE DID (If in Boltimore City, give exoct location) injury occur?
		Z   21D TIME (Month) (Doy) (Yeor) (Hour)   21E, INJURY OCCURRED	21F. HOW DID INJURY OCCLIR?
•		OF INJURY (APPROX.)  WHILE AT NOT WORK AT WO	
		22. I certify that I held an Inquiry Inspection X Auto	psy and that an this basis, death in my apinian
		resulted fram: Natural causes X Accident Suicide	Hamicide Undetermined manner
		ACTUAL O	CHIEF MEDICAL EXAMINER DATE SIGNED
		SIGNATURE Chale / Fely M.D.	ASSISTANT MEDICAL EXAMINER X
		EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER
		23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
		Trusial marchester March Ma	of Com. 5501 Freduck and Belly
		244. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
		MAR 19 1965 Co 72 Statement	House I Elickeon 1129 Markins
		VS 151-REV. 1/1/65	2/9 6



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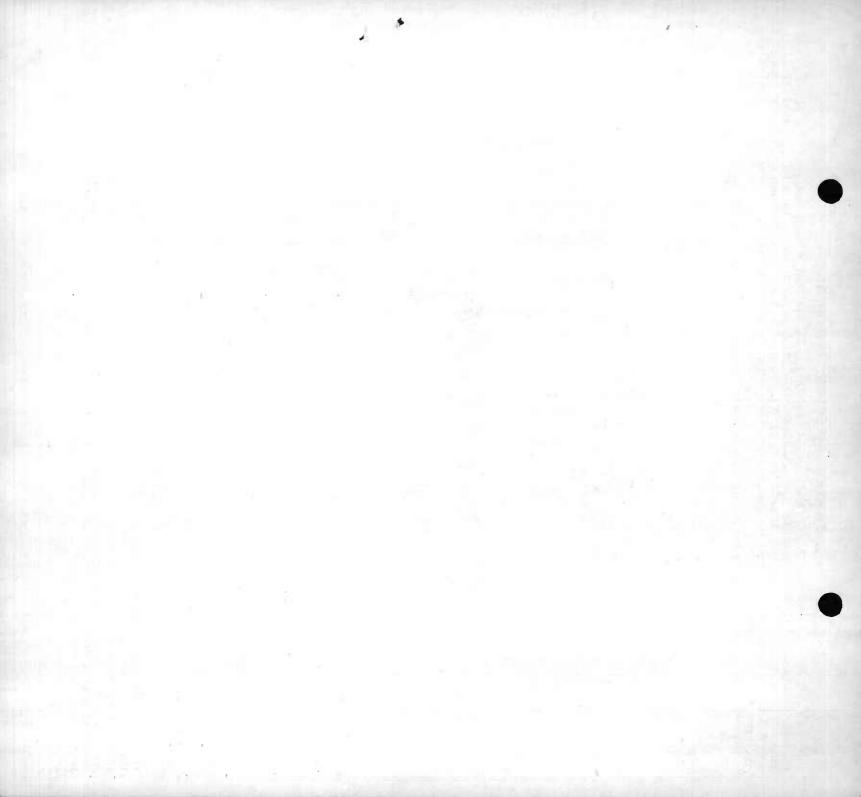
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FUNERAL DIRECTOR: IMPORTANT

-		BALTIMORE CITY	HEALTH DEPARTMENT	65 2000
	H NO. 65 2965	CERTIFICA	TE OF DEATH Registere	od No. 00 6365
	CASE NO.	*	2. DATE AND HOUR OF I	DEATH
	e or Print)	Joseph Paul	W 21 14 W	11:40 h.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	Spach we want	4. USUAL RESIDENCE (Where deceased live	ed. If institution; residence before admission)
			A. STATE B. COUNTY	21102
H	ULL NAME OF (If not in hospitat or instit OSPITAL OR oddress or location) ASTITUTION	ution, give street	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
-	11		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Itimore
	University Land	)	D. STREET ADDRESS (If ruital, give locat	tion)
	7 (10 )		1316 S. Carey Stree	
5. S		OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (tn yeo tost birthdoy)	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
-43	W   W.	WIDOWER	1 2 03 62	
	USUAL OCCUPATION (Give kind of work 10 B. KII during great of working life, even if retired)		11. BINTHPUACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Y resources	Bilor	Md.	NSA
13. [	ATHERS NAME		14. MOTHER'S MAIDEN NAME	
	Ed dolarson		21.20 bets xxxxx od	en
15. V	Vas Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS
	no or unknown) (If yes, give wor or dotes of se			len Burnie, Md.
	118.	CAUSE OF	Ir. Edward P. Johnson-4	UZ Tydings Ave
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH	in Bon	relaiele Obstruction	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis			
	injury ar complication which caused death.)		. 0 1 10 1	
	ANTECEDENT CAUSES	(B) COD	TIC DOUGHITIE & MARTINE	semo
	DISEASES OR CONDITIONS, if any,		. /	*
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	the (C)		
N	OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING		
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE		
FIC		FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
CERTIFIC			No	
اسا	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21C. WHERE DID (If in line bldg., INJURY OCCUR?	Boltimore City, give exact location)
U	DEATH (notify medical examiner)	etc.)		
	21D. TIME (Month) (Doy) (Year) (Hour OF INJURY		21F. HOW DID INJURY OCCUR?	
<	(APPROX)	While At Work Not While At Work		100 11 /
	22. I certify that (I) (this hospital) atten	ded the deceased from 16	Wor 65 19 to	16 Mpg 65 19
	that (I) (we) last sow the deceased alive	1 / 1 / 1		ur) opinion deoth occurred on the dote
	and hour and from the causes stated abo			
	23A. SIGNATURE			23 B. DATE SIGNED
	1 - Kt 12 6	M.D. Atter	nding Med. Stoff Phys.	18 Mar 15
	23C. PHYSICIAN'S		3D. ADDRESS	10 1000 03
	NAME (Type)	- Lhald+ M.O.	I limited the 1	
24A	BURIAL CREMATION, 24B, DATE	24C NAME OF CEMETERY OF CRE	MATORY 34D. LOCATION	(City, town, or county) (State)
	REMOVAL (Specify)			
	rial 3-22-65 DATE REC'D BY HEALTH DEPT. 258. N	Meadowridge Memo	orial Park Elkridge,	ADDRESS
	MAR 1 9 1965 (12)	BE Starley HA	Howard H. Hubbard-410	
VS	50-REV. 1/1/65			

VS 150-REV. 1/1/65

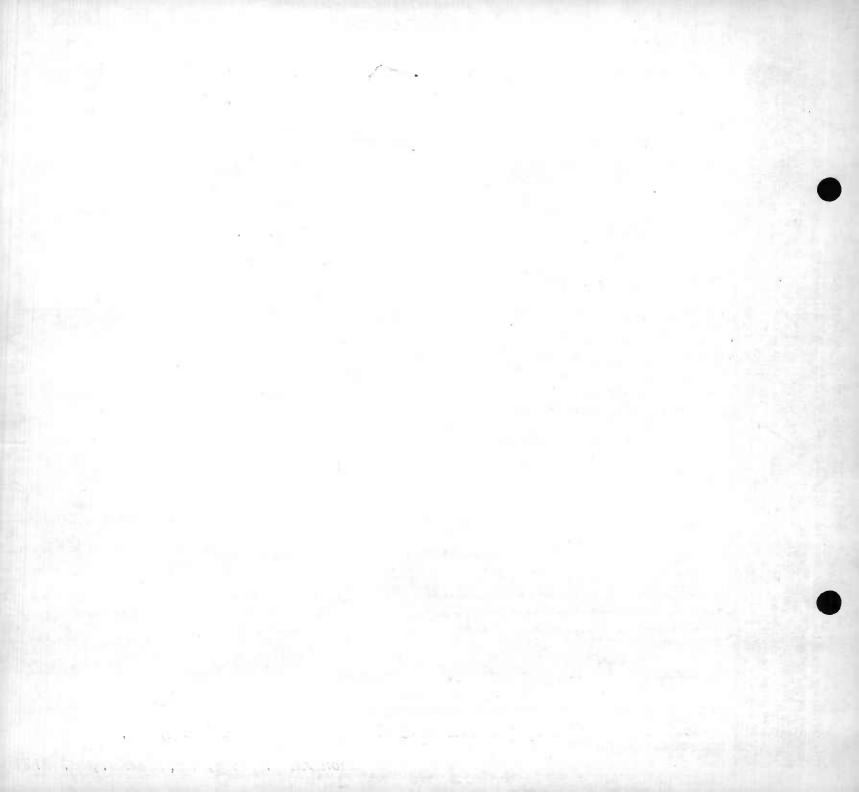


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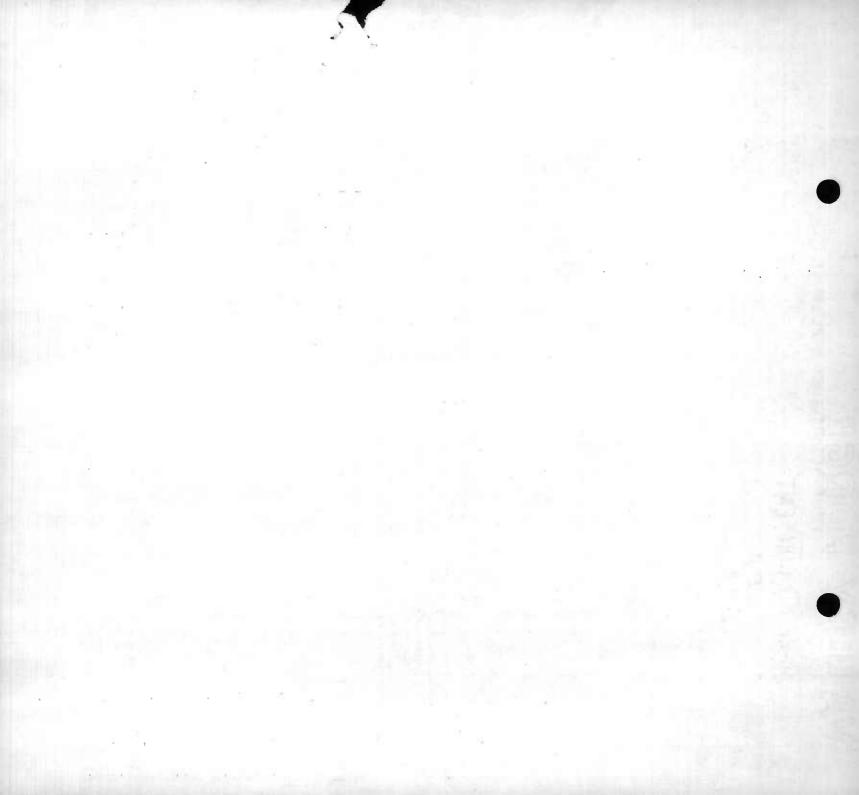
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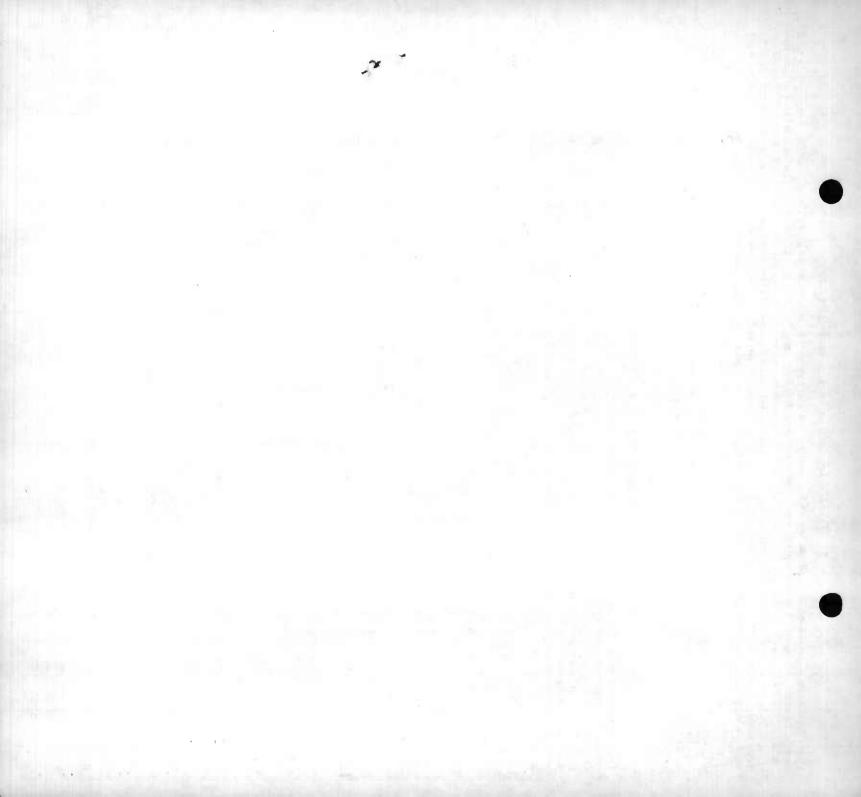
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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and other hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such sobtained before the remains are embalmed or final disposition is made.
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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CITY	HEALTH DEPARTMENT	(	or oomo
BIRTH NO. 65 2970 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	00 2970
I. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print)	Marca Marcar		1,01/4	2 351
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	MRS. MARGAR	4. USUAL RESIDENCE (Who	re deceased lived. If insti	tution: residence before admission)
		A. STATE B. COUN	ITY	6-00
FULL NAME OF (If not in hospital or institu	rtion, give street	C. CITY OR TOWN / 115 OU	Mide city limits, write RU	PAL and give towarkin)
INSTITUTION	1	n n		kar one give lownship/
MARYLAND GENE	12/21		rural, give location)	
1 110.12) 000 0 4		top11 /	In the man	1114
SEX 6. RACE 7. MAI	RELED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year)	If Under 1 Yr. If Under 24 Hrs.
H WID	OWED, DIVORCED (specify)	10/10/A2	lost birthdoyl	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ian country)	12. CITIZEN OF
one during most of working life, even if retired)		1.	1	WHAT COUNTRY?
none		Marylan	d	(1.5)
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
THOMAS HURTH	E.S	Annie	Adden	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	riciouri	ADDRESS
(es, no ar unknown) (If yes, give war ar dates of sen	SECURITY NO.	D. t. D. 1	- /al. P.	)
18	CAUSE O	Kila Bake	er (Vaught	er/
1B. 430./ 1	CAUSE O	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	m.	to a sale of to	To both	7.1
(This daes not mean the made of dying,	e.g., DUE TO	yocardial Ir	Hallan	(Clay S
heart failure, asthenia, etc. It means the dis				,
	a art	Min School	10 CVD	
ANTECEDENT CAUSES	DUE TO		***************************************	
DISEASES OR CONDITIONS, if any, g				
UNDERLYING CONDITION last.	The (C)		**************************************	
11				
Z OTHER SICHHELE AND SOMETIONS CONTRIB	UTING			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE FIN	DINGS CONSIDERED
		Yes	IN CERTIFYING CAUS	S OF DEATH?
21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or about 21C WHERE DID	(If in Boltimore C	ity, give exact location)
DEATH (notify medical examiner)	etc.)	ice blog., INJORI OCCOR:		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not White		ONI OCCON.	
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) attend	ded the deceased fram	1/12	19 5 to 3	1 1 8 19 6 5
that (1) (we) last saw the deceased alive	an 335AM 3/19	19 65 and th	at in (my) (aur) apinto	an death occurred an the date
and haur and fram the causes stated aba-	ve. (I) (We) (did) (did net) u			
23A. SIGNATURE	(1) (1.0) (010) (010 1101) V	Tew The body offer death.	15.	38. DATE SIGNED /
0 01	M.D. Alle	nding Med.	Stoff 🔀	2/12/14
136/tyun	DENLE Phy	. Director	Phys.	3/14/65
23C. PHYSICIAN'S NAME (Topo)		23D. ADDRESS		
100 HVIIN	SOHN M.D.			
4A. BURIAL CREMATION 248 DATE	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City,	town, or county) (State)
REMOVAL (Specify)				
BURIAL 3/22/65 5A. DATE REC'D BY HEALTH DEPT. 25B. NA			ALTO.,MD.	ADDAGG
258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 1 9 1985 (1-0 1-12 3	50 B. HS	1 2 3	" Huck.	INC., BALTO., MD.
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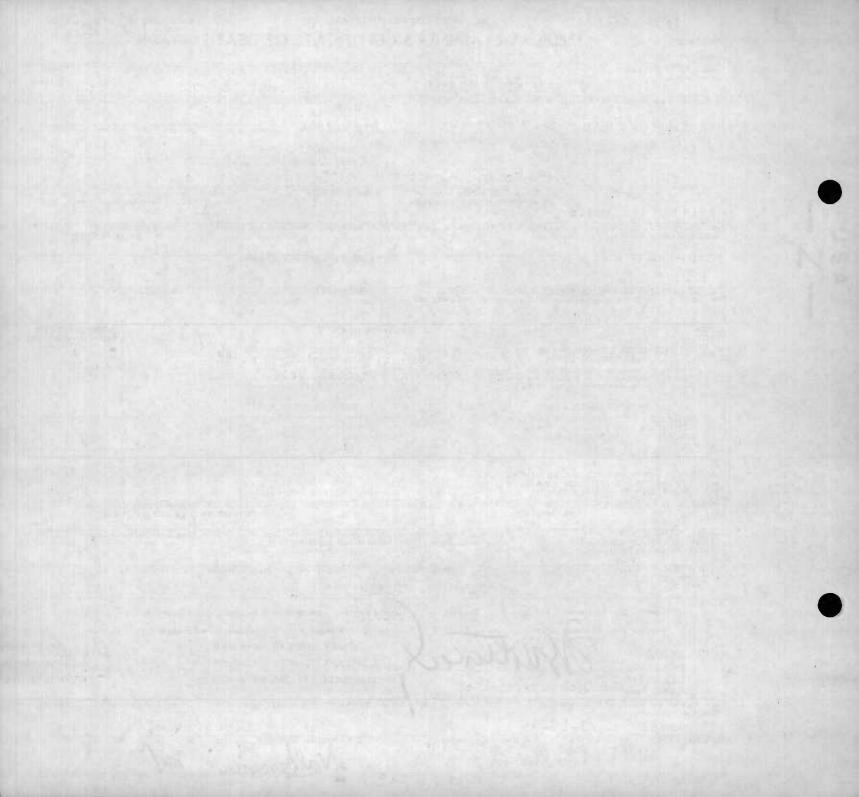


W-5/6 BIRTH NO. 65 2971

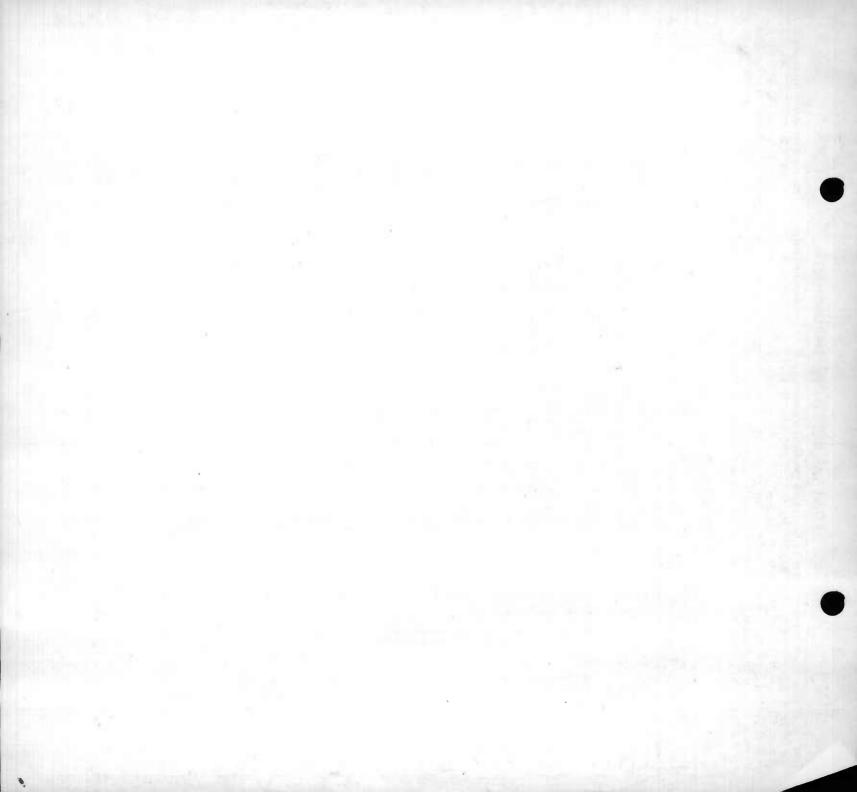
BALTIMORE CITY HEALTH DEPARTMENT

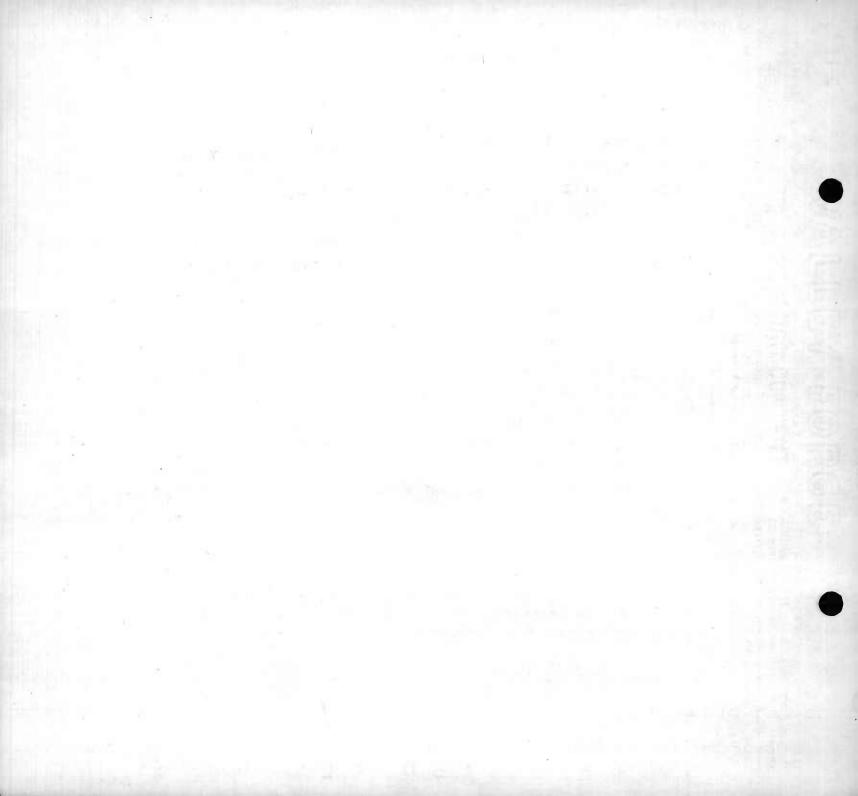
65 2971

M.E. CASE NO.	MEDI	CALE	CAMINER 3 CI	KIIFICA	IE OF L	JEAIN Regist	ered Na.
1. NAME OF DEC			2. DATE ANI	HOUR PRONOUNG	ED DEAD		
(Type of Frint)	RUSSE	LL WINE	BRENNER		March	16, 1965	5:20 p M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESID	ENCE (Where	deceased lived. If ins	titution: residence before admission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Ma	aryland		
HOSPITAL OR	ADDRESS OR LOCA	(TION)			_		e RURAL and give township)
/				D. STREET ADDI	altimore		11-0
Maryland General Hospital					nd Avenue		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTI			If Under 1 Yr, II Under 24 Hrs
male	white	WIDO WED,	DIVORCED (specify)			9. AGE (In years last birthday)	Months Days Hours Min.
		108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig		12. CITIZEN OF
done during most of v	working lile, even if retired)						WHAT COUNTRY?
13. FATHER'S NAM	1 E			14. MOTHER'S M	AIDEN NAME		
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
res, no or onknown	thi yes, give was at date	2 Of SELATOR	JECOKIII IVO.		1		
18. // 6	1 🗸		CAUSE	OF DEATH			INTERVAL BETWEEN
7 7		and u					ONSET AND DEATH
DISEAS	SE OR CONDITION DIE LEADING TO DEATH		Bronch	nopneumoni	ia and a	acute	
(This does r	nat mean the made of asthenia, etc. It means	dying, e.g.,	(A)	yelonephi			
injury or car	, asthenia, etc. It means mplication which coused (	the disease, death.)	111111111111111111111111111111111111111	устопери	LICIO		
	OR CONDITIONS, IF A		(B)			•••••	***************************************
RISE TO TH	E ABOVE CAUSE (A) ST	ATING THE	DUE TO				
	NG CONDITION LAST.		(C)				
0	ii .						
	NIFICANT CONDITIONS						
DISEASE OF	DEATH BUT NOT REL		HE	*********************			***************************************
19A, DATE OF	OPERATION 198. CON		WHICH OPERATION		? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
10	L CAUSE WAS	1010	BLACE OF INTURY / :	Yes			
UNDERLYING CAU	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., i , form, factory, street, a	ffice bldg., INJURY	OCCUR?	it in politimore City, g	ive exect locollon)
21 D TIME OF INJURY	(Manth) (Doy) (Year	(Hour) 2	TE. INJURY OCCURRED	21 F. H.	DINI DID WO	RY OCCUR?	
(APPROX.)		m. V	WHILE AT NOT W	WHILE			
22.	atte show I hald as the				1 Ab - A Ab !	-11111	
	i. ().	nguiry 🔲		lund		s basis, death in	
resul	ted from: Natural cau	ses X	Ccident Suicide			Indetermined mann	er
ACTUAL	1/AC	1141	16.		EDICAL EX		DATE SIGNED
SIGNAT		W	M.D.	ASSISTANT M	EDICAL EX	AMINER LA	1
	ER'S Rudiger B	reitene	cker	ASSOCIATE M	EDICAL EX	AMINER	3-17-65
23A. BURIAL CREA	MATION, 1 238. DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23 D. LO	CATION (City	, tawn, or caunty) (State)
Remova		-65			Wa	lkersvill	e. Maryland
	BY HEALTH DEPT.		OF REGISTRAN	24C. FUNER	AL DIRECTOR		ADDRESS
N	IAR 19 1965 (	Lest	E. Jankey MI	Na	lhoma	G/ C. Bar	9
VS 151-REV. 1/1/	65	1 3	4	-	-		



1	BIRTH NO 64.	10583 65 2	972		Y HEALTH DEPARTMEN		. 65 2972
2000	M.E. CASE NO.			CERTIFICA			
	(Type or Print)	THERESA	JOHNSON		3/1	3/45	405
	3. PLACE OF D	EATH IN BALTIMORE,			14. USUAL RESIDENCE	Where deceased lived, I	f institution: residence before odn
	FULL NAME HOSPITAL OF INSTITUTION	R address or loca	notion)  HOPKINS	NOSPITAL	C. CITY OR TOWN (BALT I MOF	ASBALTINO If outside city limits, wri	te RURAL and give township)
					1645 E.	EAGER STRE	EET
	5. SEX Fende	6. RACE Negro	7. MARRIED, WIDOWED	NEVER MARRIED ), DIVORCED (specify)	8. DATE OF BIRTH 04-29-6	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 1 Months Doys Hours
		CUPATION (Give kind of vot working life, even if retire		BUSINESS OR INDUSTR	11, BIRTHPLACE (State of BALTIF	foreign country)	12. CITIZEN OF WHAT COUNTRY? AMERICAN
	13. FATHER'S N	AME			14. MOTHERS MAIDEN	NAME	
	СН	ARLES GENT	RY		DORTH	HEA JOHNSON	V
	15. Was Deceos	ed Ever in U. S. Armed wn) (If yes, give wor or o	Forces?	16. SOCIAL	17, INFORMANT		ADDRESS
	trospino of otikilo	yes, give wor or t	20.03 OF 36111C6/	SECURITY NO.			
	18. 73	6.21		CAUSE	OF DEATH		INTERVAL BETWEE
	DISE	ASE OR CONDITION					ONSET AND DEA
	(This does	not meen the mode		(A) Gr	I. BLEEDING	<u> </u>	2 DAYS
	heart failur	e, aslhenio, etc. It med omplication which caus	ans the disease,				
	,	ANTECEDENT CAUS		(B) 11V	ER CIRRHOS	\$15	
		OR CONDITIONS,		DUE TO			
		the obove couse (A	A) stoting the	(c) B14	JARY ATRES	1.B	LIFE
		- 11					
		DEATH BUT NOT R					
		OF OPERATION 198. C	G IT.		20 A. AUTOPSY? (Yes	or No.) 208, IF YES WE	RE FINDINGS CONSIDERED
l	AL.	WASI	PERFORMED	OB STRUCTION	Llos	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	U 21A. ACCIE	DENT WAS UNDERLYING	3 218.	PLACE OF INJURY (e.g.,	in or obout 11C. WHERE DI	ID (If in Boltin	more City, give exoct locotion)
	DEATH (not	ify medical examiner	etc.)	o, form, fociory, sheet,	oto blogs, it to ki occo		
	21D. TIME OF INJURY	(Month) (Doy) (Ye		INJURY OCCURRED		INJURY OCCUR?	
	(APPROX.)		Whi	ite At Not Wh	ile 🗌		
	22. 1 certi	fy that (H)(this hospi	tol) ottended th		march 1	0 19 65 to	NARCH 13 19
De opt							opinion deoth occurred on t
	•				view the body after de		
	23A. SIGNA	TURE					23B. DATE SIGNED
	Josep	h M. alma	nd. Ju	M.D. A	ys. Med. Director	Stoff Phys.	3/13/65
	23C. PHYSIC	CIAN'S (Type)	V		23D. ADDRESS		
	TA TATE	JOSEPH M.	ALMOND,	JR. M.D	JOINS H	OPKINS HOS	PITAL
	24A. BURIAL C	REMATION, 248. DATE		ME OF CEMETERY OF C	REMATORY 1. 24	D LOCATION	(City, town, or county)
	NEW VAL	MAR	1 5 1865	WINING TO DO	THE BEEDICE	CCHOOL	
	B. S. 21 Ph. all	D BY HEALTH DEPT.	258. NAME C	OF REGISTRATE LINES	1 250 FUNERAL DIRE	CJORNOLL	ADDRESS
ĺ	WAR 1	9 1965 (1200	BE Jan	DOUMED ()	0 2 7	or crown	E DCHD

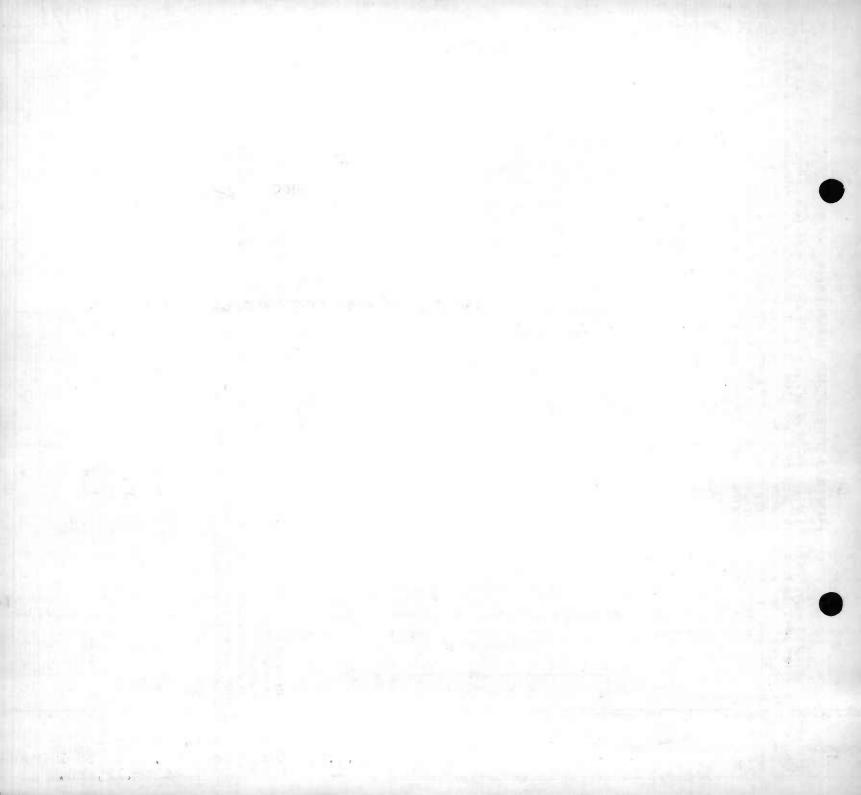




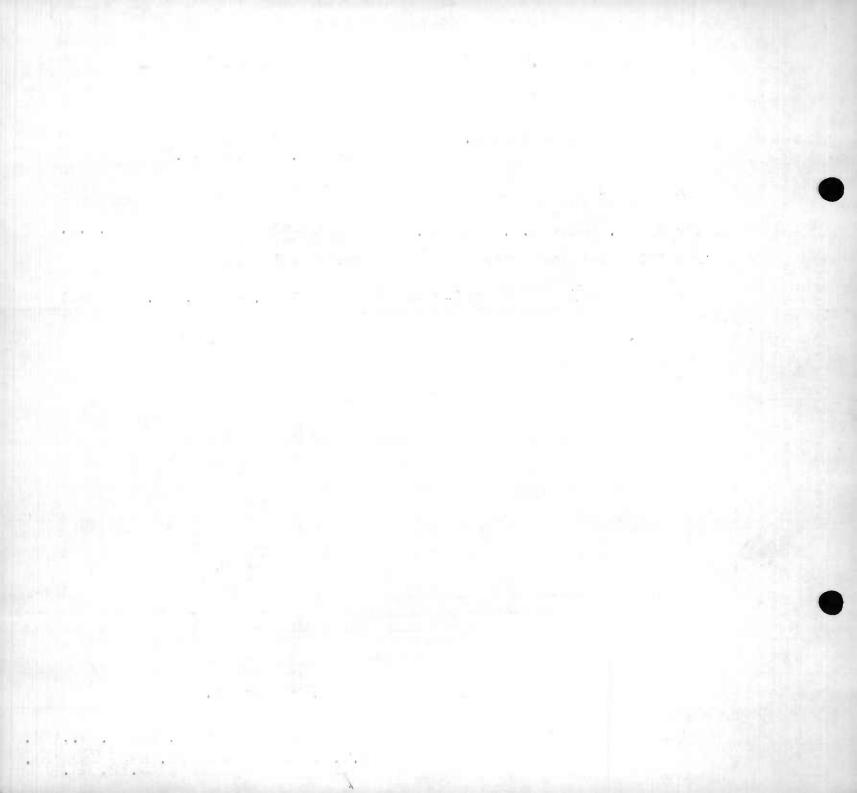
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DIRECTOR:

FUNERAL



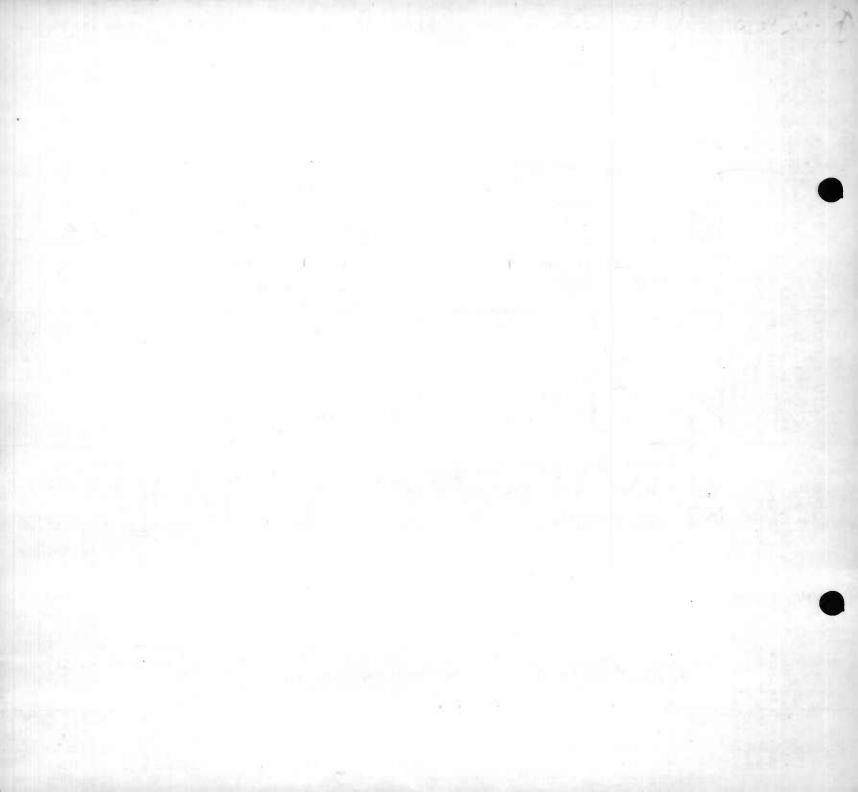
000	65 297	75		HEALTH DEPARTMENT	D. L. STAN	65 2975
M.E. CASE NO.	00 201		CERTIFICA	TE OF DEATH	Registered Na	10000
1. NAME OF DE					AND HOUR OF DEATH	1 -
	Granville (	S. Swo	ре	March	18, 1965	1:13 p. N
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		A. STATE B. COL	here deceased lived, If in JNTY	stitution: residence before of mission)
FULL NAME HOSPITAL OR			a, give street	Maryland	outside city limits, write F	(URAL ond give township)
2	Cambridge A	Arms A	.pt.	Baltimore D. STREET ADDRESS	If rurol, give location)	
				3339 N. Ch	arles St.	
S. SEX	6. RACE	Widow	D, NEVER MARRIED (ED, DIVORCED (specify)  LOWOD  OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH  3/20/1880  11. BIRTHPLACE (Stote or fo	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	working life, even if retired)	KIND .	OF BUSINESS OR INDUSTRE	II. BIKINFLACE (Store of to	reign country)	WHAT COUNTRY?
Retired 13. FATHERS NA	Ins Broker	G.C.S	wope Co.	Maryland 14. MOTHER'S MAIDEN N	AME	U.S.A.
Granvi]	lle Hamilton	1 Swop	е	Emma Buckin	gham	
5. Wos Deceose	d Ever in U. S. Armed For	ices?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes	WWI	es of service	212-01-0568	Granville C	. Swope, J	r. (Same)
1B. 5 00	7.1		CAUSE O	1		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	V,	Surane.	Englysen	4. //0220
(This does	nal mean the made of	dying, e.	(A) DUE TO	rugnary e	Magazin	grews.
heart failure	, asthenia, etc. It means	the diseos	е.		//	
	ANTECEDENT CAUSES		(B)	V	******************************	Addada
DISEASES	OR CONDITIONS, if		DUE TO			
rise to t	he above cause (A)					
UNDERLTIN	IG CONDITION last.					
Y TO THE	11 NIFICANT CONDITIONS ( DEATH BUT NOT REL R CONDITION CAUSING	ATED TO	NG THE			
		IDITION FOI	WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	h	1B. PLACE OF INJURY (e.g., in ome, loim, foctory, street, of ic.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	TE, INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
S OF INJURY			Vhile At Not While Nork At Work	e —		
22 1	1 - 1/1/41:		the deceosed fram	3/10	19 65 to 3	1/18 1965
			2/15/	10 (-)		
	) last saw the decease					hian death accurred an the da
and hour a		ted above.	(I) (Ma) (did) ( <del>did nos)</del> v	riew the bady after death	1.	DOD DATE SIGNED
23A. 31GN A1	Darall 110	0,11	M.D. Atte	anding Med.	Stoff	23B, DATE SIGNED
7	TIVIXIO	arc	Phy	s. Director	Phys.	3/19/63
23C. PHYSICI NAME	(Tune)	lark D		15 E. Bidd	lle St.	/ //
24A. BURIAL CR	EMATION, 248. DATE	24C.	NAME OF CEMETERY OF CRE	EMATORY 24D.	LOCATION (Ci	ly, town, or county) (State)
REMOVAL Paradol	(Specify)	061	mmad a Dia C		41 477	D-34. 0. 363
Burial	3/20/1 D BY HEALTH DEPT.	25B. NAMI	ruid Ridge C	25C. FUNERAL DIRECTO	ikesville,	Balto Co Md.
MAR 10	1965 (AD B	0 7	Buyis O O	H.W. Jenkins	& Sons Co.	4905 York Rd.
WITH I C	1300 ((1/21)	IL, TO	notin' (a /a	11 6 7 0	U Bal	Lto.12, Md.
VS 150-REV. 1/1	/03					



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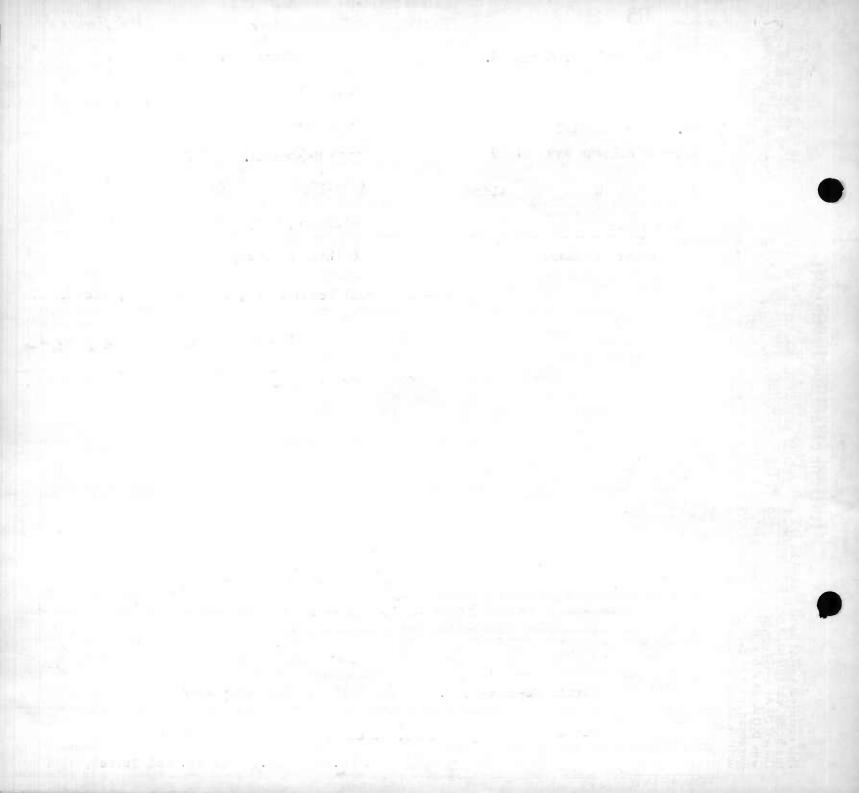
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



)	,	1]
-	death	Such
	hospital use of (5) Dec	death.
	ed in a ting ca d cause	prior to
•	contributermine	ceased
-	rect or (4) Unde	was in the de
RTAN	f the di y kind;	d death
IMPO	Also, i	attend
FUNERAL DIRECTOR: IMPORTANT	xaminer caminer.	who pre
AL DIR	edical ex dical ex urns; (3)	ysician was in
UNERA	chief m	the ph
u.	d by the sspital b ture; (2)	t where 6) No p
•	approve to the ho	(excep); and (
	leased t	hospita to death
	ificate r v was re 1) An ac	A. at a d
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	OF OTHER		BALTIMORE CITY	Y HEALTH DEPARTMENT		05
BIRTH NO.	65 2977		CERTIFICA	TE OF DEATH	Registered No.	. 65 2977
M.E. CASE NO.			CERTIFIC/			
1. NAME OF DI (Type or Print) T		-1 - 0			h 18, 1965	
	leinsfelder, El				,	
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		institution: residence before admis:
FULL NAME	OF (If not in haspitat	as institution	aire atres.	Maryland		malta
HOSPITAL OF	R address or location		give street		tside city fimits, write	RURAL and give township)
INSTITUTION				Baltimore		52 40
St. Ag	nes Hospital				rurol, give tacation)	0000
Caton	& Wilkens Ave	21229		0010 N D	3 04000	
			NEVER MARRIED	2712 Norfen R		
5. S EX	6. RACE		DIVORCED (specify)		9. AGE (In years tost birthday)	Months Doys Hours Min
F	W	Wid		1/25/1896	69	
	CUPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retired) Sewife			Baltimore, Mar	rvland	USA
13. FATHER'S N				14. MOTHER'S MAIDEN NA		UUA
	Samuel Connors			Catherine Dor	rsey	
	ed Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
Tes, no ar unknov	wn) (If yes, give war ar date	s of service)	216-12-0229	Paul Reinefalde	r 2712 Nor	fen Rd,Balto 2122
				<u> </u>	-1,2/12 1101.	ren Ru, Darto 2122
18. 4 2	70,/1			F DEATH		INTERVAL BEYWEEN ONSET AND DEATH
	ASE OR CONDITION DIR	ECTLY	P	ersening C-	1	2.1321 7.110 517.111
	LEADING TO DEATH		(A) Cor	many sur	merses	e 10 year
	not meen the mode of e, osthenio, etc. It meens		DUE TO		0 1	
	omplication which coused		11.	1.	1164000	10,1000
	ANTECEDENT CAUSES		(B) 477	exerning -	O p	7 Comment
DISFASES	OR CONDITIONS, if	any giving	DUE NO			
	the obove couse (A)		(C)			
UNDERLYI	NG CONDITION losi.					
	- 11					
	NIFICANT CONDITIONS C					
	DEATH BUT NOT RELA		E			
U 19A. DATE	OF OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE O	WAS PERI	ORMED			IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If in Baltima	re City, give exact location)
OR CONTRI	BUTING CAUSE OF	hom etc.)		ffice bldg., INJURY OCCUR?		
U						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)		Whi	te At Not While	le		
22 1	(		(		1958 10 M	auch 18 196
	y that (I) (this hospital		- 1			
that (I) (w	e) last sow the decease	d olive on	mark 15	196 and th	at in (my) (aur) ap	inlan death accurred an the
and haur a	nd from the causes stat	ed abave. (I	) (We) (did) (did not)	view the bady after death.		
23A. SIGNA		1 1				23B. DATE SIGNED
1/1	Mel	2/1		ending Med.	Stoff	3/19/60
230 BUVELO	LANE		Phy		Phys.	1,11,02
NAME	(T., p. a)	04-1-1	1	23D. ADDRESS		
	Morris	Steinbe	rg, M.D M.D.	3913 Hollins H	erry Road	
24A. BURIAL CI	REMAYION, 248. DATE	24C. N	ME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	City, town, or county) (Stat
REMOVAL						William to the M
BURIAL	3-22-65		ly Redeemer C		Baltimore	
SA. DAYE REC	D BY HEALTH DEPT.	25B. NAME C	FREGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	MAK 13 1355	The Sal	C. Acres, J	Wim Cook, Inc.	, 1217 St.P	aul Street,21202
/S 150-REV. 1/	1/65				4	



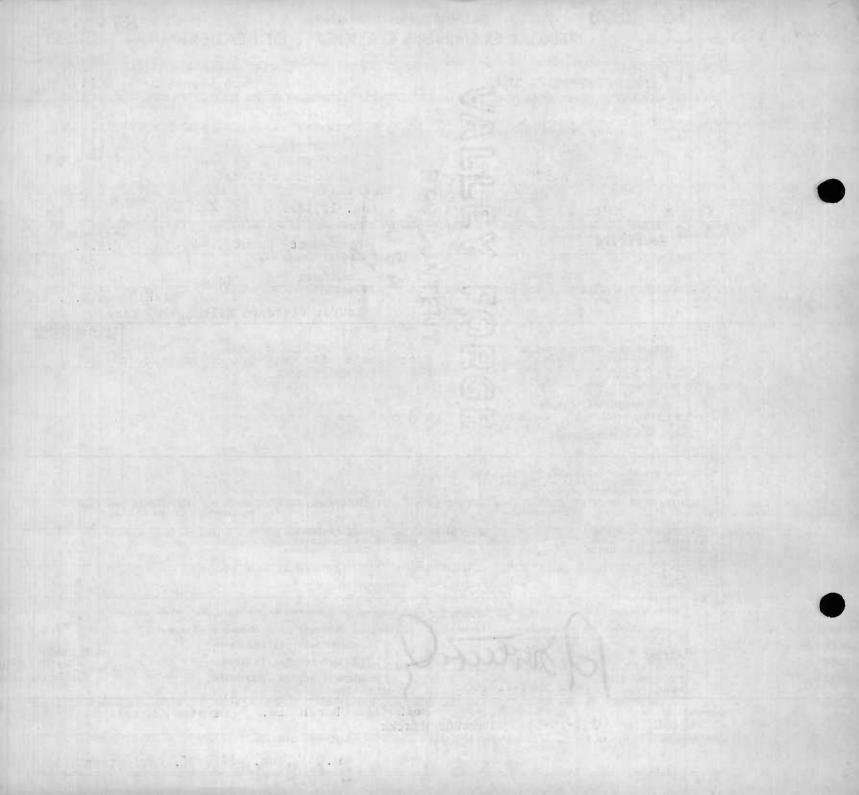
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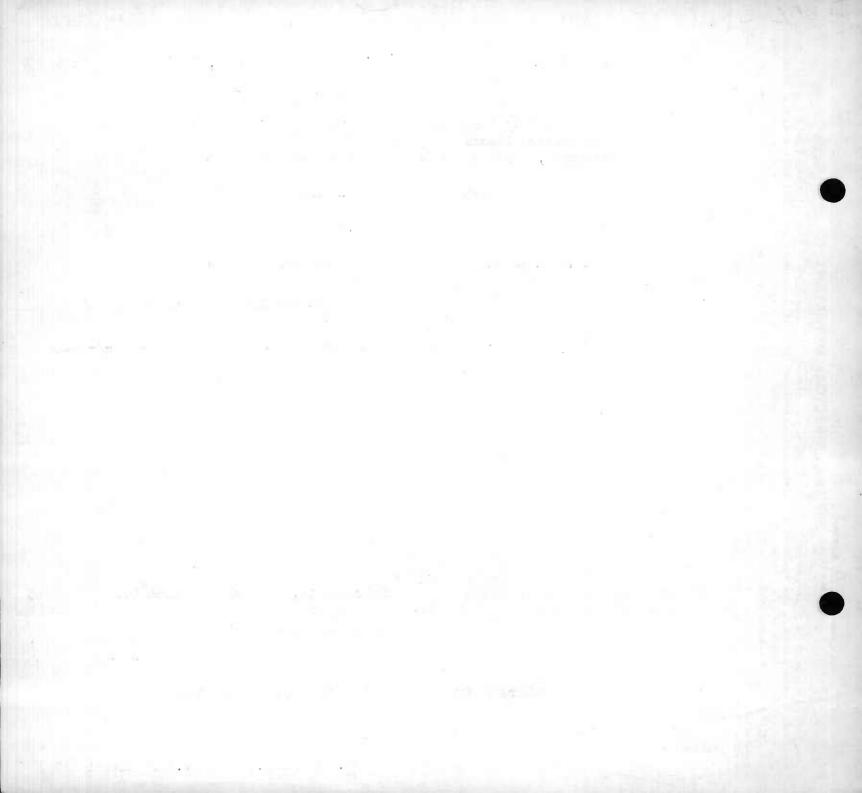
BALTIMORE CITY HEALTH DEPARTMENT

	(EDICAL E)		la la	2				
M.E. CASE NO.								
Type or Print)	DITH	L. CARR			18, 1965	ED DEAD	4:30 A	
PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDEN	ICE(Where dec	eosed lived. If ins	titution: resid	lence before o	lmis sion
FULL NAME OF (IF NOT IN H HOSPITAL OR ADDRESS OR NSTITUTION	OSPITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		orporote limits, write		altimor	
Union Memori	lal Hospita	1	Timor D. STREET ADDRES		re location)	ک	30	2
			206 1	Brightda	le Road			
S. SEX 6. RACE	WIDOWED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH February 2	5 19/3	9. AGE (In years last birthday)		1 Yr. If Unde Doys Hours	
Female White					22	10 01		
on. USUAL OCCUPATION (Give kind lane during most of working life, even if re Typist-Clerk	etired)	mick Company		re, Mary		U.S	COUNTRY?	
George H. Ca	arrick		Irma M.		E 1804 N			
5. WAS DECEASED EVER IN U.S. A	RMED FORCES?		17. INFORMANT			ADDRESS	100	
es, no or unknown) (If yes, give wor o	or dotes of service)	214-44-8591	Mrs.Irma	Carrick	,206 Brigh	ntdale	Rd, TIMO	NIUI
18 9 9 9 9		CAUSE	OF DEATH		11 / 50 1 2		INTERVAL BE	
C / / 4 01							ONSET AND	DEATH
DISEASE OR CONDITION	ON DIRECTLY							
		(A) Dorid	en Intoxica	ation				
Tims does not medit me mo		1, 1,	OII TILLOWS TO	acion.			***********	
heart failure, asthenia, etc. It	meons the diseose,	DUE TO		acion.			******	
(This does not mean the mo heart failure, asthenia, etc. It injury or camplication which co	meons the diseose, oused death.)	DUE TO		acion.			****************	
		DUE TO		acion.			ATOO 5 5 TO 0 0 0 AT 0 10 0 TO 10 10 TO	
ANTECENDENT C	AUSES	DUE TO		acion.				
	AUSES	(B) DUE TO		acion.				
ANTECENDENT C	AUSES , IF ANY, GIVING (A) STATING THE	DUE TO		acion.				
ANTECENDENT OF DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I	AUSES , IF ANY, GIVING (A) STATING THE	DUE TO		acton.				
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	AUSES , IF ANY, GIVING (A) STATING THE	DUE TO		actors.				
ANTECENDENT OF DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I	CAUSES  6, IF ANY, GIVING (A) STATING THE LAST.  TIONS CONTRIBUTION T RELATED TO 1	(B)		actom.				
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	CAUSES  IF ANY, GIVING (A) STATING THE LAST.  TIONS CONTRIBUTI OF RELATED TO T USING IT.	(B)(C)			3. IF YES, WERE FI	INDINGS CO	ONSIDERED	
ANTECENDENT OF CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION IN COND	CAUSES  IF ANY, GIVING (A) STATING THE LAST.  TIONS CONTRIBUTI OF RELATED TO T USING IT.	(B)(C)	20 A. AUTOPSY? (	(Yes or No)  20E	3. IF YES, WERE FI			
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B. WA	CAUSES  GOVERNMENT  GOVERNEN  GOVERNMENT  GOVERNMENT  GOVERNMENT  GOVERNMENT  GOVERNMENT	(B)	20 A. AUTOPSY? (	(Yes or No) 20E	CERTIFYING CAU	SES OF DE	ATH?	
ANTECENDENT CODITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A, DATE OF OPERATION 19B, WA  21A, EXTERNAL CAUSE WAS	CAUSES  GOVERNMENT  GOVERNEN  GOVERNMENT  GOVERNMENT  GOVERNMENT  GOVERNMENT  GOVERNMENT	(B)	20 A. AUTOPSY? (	(Yes or No) 20E	CERTIFYING CAU	SES OF DE	ATH?	
ANTECENDENT CODITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A, DATE OF OPERATION 19B, WA  21A, EXTERNAL CAUSE WAS	CAUSES  GOVERNMENT  GOVERNEN  GOVERNMENT  GOVERNMENT  GOVERNMENT  GOVERNMENT  GOVERNMENT	(B)(C)	20 A. AUTOPSY? (  NO in or about 21C, WH ffice bldg, NJURY	(Yes or No) 20E	CERΠFYING CAU	SES OF DE	ATH?	
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA 19A, DATE OF OPERATION 19B, WA 21A, EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.	CAUSES  G, IF ANY, GIVING (A) STATING THE LAST.  TIONS CONTRIBUTI DT RELATED TO T USING IT.  CONDITION FOR S PERFORMED  218, home etc.)	(B) DUE TO  (C)  NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., if form, foctory, street, of the	20 A. AUTOPSY? (  NO in or about 21 C. WH ffice bldg, INJURY C  206	Yes or No) 20E IN IERE DID (If in DCCUR? Brightda	CERTIFYING CAU  n Boltimore City, g  ale Road	SES OF DE	ATH?	
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  II OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B. WA  21A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY	CAUSES  G, IF ANY, GIVING (A) STATING THE LAST.  TIONS CONTRIBUTI DT RELATED TO T USING IT.  CONDITION FOR S PERFORMED  218, home etc.)	MG (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY (e.g., i form, foctory, street, o HOME  21E. INJURY OCCURRED	20 A. AUTOPSY? (  NO in or about 21 C. WH ffice bldg, INJURY C  206	Yes or No) 20E IN IERE DID (If in	CERTIFYING CAU  n Boltimore City, g  ale Road	SES OF DE	ATH?	
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  II OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAUSE WA  21A, EXTERNAL CAUSE WAS UNDERLYING TO PERATION 21A, EXTERNAL CAUSE WAS UNDERLYING TO PERATION 21A, EXTERNAL CAUSE WAS UNDERLYING TO PERATION 21D TIME (Month) (Doy)	AUSES  AU	MG (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY (e.g., i form, foctory, street, o HOME  21E. INJURY OCCURRED	20 A. AUTOPSY? (  NO in or about 21 C. WH ffice bldg, INJURY C  206	Yes or No. 200 IN IERE DID (If i DCCUR? Brightda V DID INJURY	CERTIFYING CAU  n Boltimore City, g  ale Road	SES OF DE	ATH?	
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. WA UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY	AUSES  AU	NG (C)	20 A. AUTOPSY? (  NO in or about 21 C. WH ffice bldg, INJURY C 206  21 F. HOV  WHILE X OVE	Yes or No. 200 IN IERE DID (If i DCCUR? Brightda V DID INJURY	n Boltimore City, gale Road	SES OF DE	ATH?	
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B. WA  21A, EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.) 3 15	AUSES 6, IF ANY, GIVING (A) STATING THE LAST.  TIONS CONTRIBUTI DT RELATED TO TUSING IT. CONDITION FOR S PERFORMED  218. home etc.)  (Year) (Hour)	NG (C)	NO in or about 21C, WH ffice bidge, INJURY C 206 21F, HOV	Yes or No) 206 IN IERE DID (If in DCCUR? Brightda V DID INJURY rdose of	n Boltimore City, gale Road	ISES OF DE	ATH?	
ANTECENDENT CODISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B. WA  21A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.) 3 15  22.  I certify that, I held of	CAUSES  G, IF ANY, GIVING  (A) STATING THE  LAST.  CIONS CONTRIBUTI  DT RELATED TO TO  USING IT.  CONDITION FOR  S PERFORMED  (Year) (Hour)  (65 m.)  Inquiry	MICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, on Home  PLE. INJURY OCCURRED  WHILE AT NOT WORK  Inspection X Aut	NO in or about 21C, WH ffice bldg, INJURY C 206 21F, HOV ORK OPSY and 1	Yes or No. 200 IN IERE DID (If in DCCUR? Brightda V DID INJURY rdose of	n Boltimore City, gale Road occur?  Doriden	ISES OF DEA	ATH?	
ANTECENDENT CODISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B. WA  21A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.)  3 15	CAUSES  G, IF ANY, GIVING  (A) STATING THE  LAST.  CIONS CONTRIBUTI  DT RELATED TO TO  USING IT.  CONDITION FOR  S PERFORMED  (Year) (Hour)  (65 m.)  Inquiry	MICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, on Home  PLE. INJURY OCCURRED  WHILE AT NOT WORK  Inspection X Aut	20 A. AUTOPSY? ( NO in or about 21 C. WH ffice bldg, INJURY C 206  21 F. HOV ORK ORK Homicide	IVes or No) 20 IN	n Baltimare City, gale Road occur? Doriden posis, death in retermined mann	ISES OF DEA	ATH?	
ANTECENDENT CODISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B. WA  21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.)  1 certify that, I held o resulted from: Noture	CAUSES  G, IF ANY, GIVING  (A) STATING THE  LAST.  CIONS CONTRIBUTI  DT RELATED TO TO  USING IT.  CONDITION FOR  S PERFORMED  (Year) (Hour)  (65 m.)  Inquiry	DUE TO  (B)  DUE TO  (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY (e.g., i. e., form, foctory, street, o. Home  ZIE. INJURY OCCURRED  WHILE AT NOT NOT NOT WORK  Inspection Aut  Accident Suicide	20 A. AUTOPSY? ( NO In or about 21 C. WH ffice bidge, INJURY C 206 21 F. HOV ORK OPSY  and to EX  Homicide CHIEF MED	IERE DID (If in DOCCUR? Brightda V DID INJURY rdose of that on this be Und	n Boltimore City, gale Road occur? Doriden posts, death in a	ISES OF DEA	ATH?	NED
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  II OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A, DATE OF OPERATION 19B, WA  21A, EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.)  1 certify thot, I held of resulted from: Noture  ACTUAL	CAUSES  G, IF ANY, GIVING  (A) STATING THE  LAST.  CIONS CONTRIBUTI  DT RELATED TO TO  USING IT.  CONDITION FOR  S PERFORMED  (Year) (Hour)  (65 m.)  Inquiry	DUE TO  (B)  DUE TO  (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY (e.g., i. e., form, foctory, street, o. Home  ZIE. INJURY OCCURRED  WHILE AT NOT NOT NOT WORK  Inspection Aut  Accident Suicide	20 A. AUTOPSY? ( NO In or about 21 C. WH ffice bidge, INJURY C 206 21 F. HOV ORK OPSY  and to EX  Homicide CHIEF MED	IERE DID (If in DOCCUR? Brightda V DID INJURY rdose of that on this be Und	n Boltimore City, gale Road occur? Doriden posts, death in a	ISES OF DEA	ATH?  cotion)  DATE SIG	
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ANTECENDENT CODISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A, DATE OF OPERATION 19B, WA  21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.) 3 15  22.  I certify thot, I held or resulted from: Noture  ACTUAL SIGNATURE EXAMINER'S	CAUSES  G, IF ANY, GIVING  (A) STATING THE  LAST.  TIONS CONTRIBUTI  OT RELATED TO TO  USING IT.  CONDITION FOR  S PERFORMED  (Year) (Hour)  1 65  In Inquiry  Includes  Include	DUE TO  (B)  DUE TO  (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY (e.g., if the continuous continu	20 A. AUTOPSY? ( NO In or about 21 C. WH ffice bidge, INJURY C 206 21 F. HOV ORK OPSY  and to EX  Homicide CHIEF MED	Yes or No) 20E IN (If in the property of the p	n Boltimore City, gale Road occur?  Doriden oosis, death in the termined mannatiner	ISES OF DEA	ATH?  cotion)  DATE SIG	
ANTECENDENT CODITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A, DATE OF OPERATION 19B, WA  21A, EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.) 3 15  22.  I certify thot, I held of resulted from: Noture  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Char	CAUSES  G, IF ANY, GIVING  (A) STATING THE LAST.  ITIONS CONTRIBUTI DIT RELATED TO 1 USING IT. CONDITION FOR SPERFORMED  (Year) (Hour)  165  In Inquiry  OI causes  Les S. Peti	DUE TO  (B)  DUE TO  (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY (e.g., if the continuous continu	20 A. AUTOPSY? ( NO In or about 21 C. WH ffice bidge, INJURY C 206  21 F. HOV ORK  OPSY  Homicide CHIEF MEL ASSISTANT MEL ASSOCIATE MEL	Yes or No) 20EN  IERE DID (If in DOCCUR?  Brightda  V DID INJURY  rdose of thot on this be Und  DICAL EXAM  DICAL EXAM  DICAL EXAM	CERTIFYING CAU  In Boltimore City, gale Road  OCCUR?  Doriden  Dosis, death in a setermined mannal MINER  MINER	ive exact to	DATE SIG	
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B. WA  21D TIME (Month) (Day) OF INJURY (APPROX.) 3 15  22.  I certify thot, I held or resulted from: Noture  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Char  34. BURIAL CREMATION, 123B, DA  BURIAL CREMATION, 123B, DA	CAUSES  G, IF ANY, GIVING  (A) STATING THE LAST.  CHOOSE CONTRIBUTION FOR STATE STATE  218, home etc.)  (Year) (Hour)  1 65 m., ol causes  1 causes	DUE TO  (B)  DUE TO  (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY (e.g., if the continuous continu	20A. AUTOPSY? ( NO In or obout 21C. WH ffice bidg, INJURY C 206  21F. HOV ORK  CHIEF MEI  ASSISTANT MEI ASSOCIATE MEI  CREMATORY	Yes or No) 20E DERE DID (If in DECCUR? Brightday of Injury rdose of thot on this be Und DICAL EXAM DICAL EXAM	CERTIFYING CAU  In Boltimore City, gale Road  OCCUR?  Doriden  Dosis, death in a setermined mannal MINER  MINER  MINER  MINER  MINER  (City  ATION  (City	ive exact to	DATE SIG 3/18/65	
ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I  OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA  19A. DATE OF OPERATION 19B. WA  21A, EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  21D TIME (Month) (Doy) OF INJURY (APPROX.) 3 15  22. I certify thot, I held of resulted from: Noture  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Char  3A. BURIAL CERMATION, 23B. DA  FAMOVAL (Specify)	CAUSES  G, IF ANY, GIVING  (A) STATING THE LAST.  CHOOSE CONTRIBUTION FOR STATE STATE  218, home etc.)  (Year) (Hour)  1 65 m., ol causes  1 causes	DUE TO  (B)  DUE TO  (C)  NG (HE  WHICH OPERATION  PLACE OF INJURY (e.g., if the continuous continu	20A. AUTOPSY? ( NO In or obout 21C. WH ffice bidg, INJURY C 206  21F. HOV ORK  CHIEF MEI  ASSISTANT MEI ASSOCIATE MEI  CREMATORY	Yes or No) 20E DERE DID (If in DECCUR? Brightday of Injury rdose of thot on this be Und DICAL EXAM DICAL EXAM	CERTIFYING CAU  In Boltimore City, gale Road  OCCUR?  Doriden  Dosis, death in a setermined mannal MINER  MINER	ive exact to	DATE SIG 3/18/65	

And a most of the first colored with the actions and At the time to the 

M.E. CASE NO.	CAL LA	CAMILIA C	LKIII CAIL OI	DEATH REGION	
1. NAME OF DECEASED	TITT MONT			ND HOUR PRONOUNC	
EMOLYN ALICE HILTON				March 16, 196	AA.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					litution: residence before admission) JNTY
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland		RURAL and give township)
NOITUTION			Baltimor		24-04
			D. STREET ADDRESS (If rui		~ 1 ~ 1
South Baltimore General			1805 Belt	Street	
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)		8. DATE OF BIRTH	9. AGE (In years lost buthday) 87	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	
female white	wido		Aug. 22,1877	XX 8/	
OA, USUAL OCCUPATION (Give kind of work one during most of working lite, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
Housewife			Montgomety C		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
unkno		37, 50,5141	unknown	Bowen	ADDRESS
5. WAS DECEASED EVER IN U.S. ARMED es, no arunknown) (If yes, give war ar date		SECURITY NO.			shington D.C. 212
		none	Laurie Clare	nce Hilton,99	001 Kisconko Rd
18. 4 2 1 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIS	RECTLY				
LEADING TO DEATH	dvina e.a.	Arteri XXXXX	osclerotic card	iovascular di	isease
heart failure, asthenia, etc. It means injury ar camplication which caused o	the disease. death.)	and a second sec	and emaciation		
ANTECCHIDENT CAUCE					
DISEASES OR CONDITIONS, IF A		(B)			
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE	561 10			
		(C)		••••••	
"				Hotel File Service	
OTHER SIGNIFICANT CONDITIONS	ATED TO T				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CON		WHICH OPERATION	20A, AUTOPSY? (Yes or N	a) IZOR IE VES WEDE EU	NDINGS CONSIDERED
WAS PERF		WINCH OF EXAMON	No	IN CERTIFYING CAU	
21 A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Baltimare City, gi	ve exact location)
UNDERLYING OR CONTRIB-	hame etc.)	, farm, factory, street,	office bldg., INJURY OCCUR?		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21 D TIME (Month) (Day) (Year	Hour) 2	TE. INJURY OCCURRED	21F, HOW DID IN	LIURY OCCUR?	
OF INJURY (APPROX.)			WHILE		
22.	m. V	VORK AT W	ORK		
I certify that I held an Ir	ngulry 🗌	Inspection X Au	topsy and that on	this bosis, deoth in n	ny opinion
resulted from: Natural cou	ıses 🔀 🛚 A	coldent Suicid	e Homicide	Undetermined monne	er 🗌
	20.00	7(1	CHIEF MEDICAL	EXAMINER [	DATE CICHED
ACTUAL SIGNATURE	11494	MCKIND	ASSISTANT MEDICAL		DATE SIGNED
EXAMINER'S		( ////	ASSOCIATE MEDICAL		3-17-65
NAME (Type) Rudiger					
REMOVAL (Specify)	23	C. NAME of CEMETERY O	r CREMAJORY Church Cem.	Demacus.	, town, or county) (State) Maryland
BURIAL 22 3-19-		amacus Memkh		2011111000,	Int June
4A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECT	OR .	ADDRESS
MAK 1 . 1953	0 (120	JE Landey!	Wm. Cook, Inc	1217 SF	Paul Street, 21202
C 151-DEV 1/1/A5	1 4 1	5 0	0 2 9 8	4	
VS 151-REV. 1/1/65			-	•	



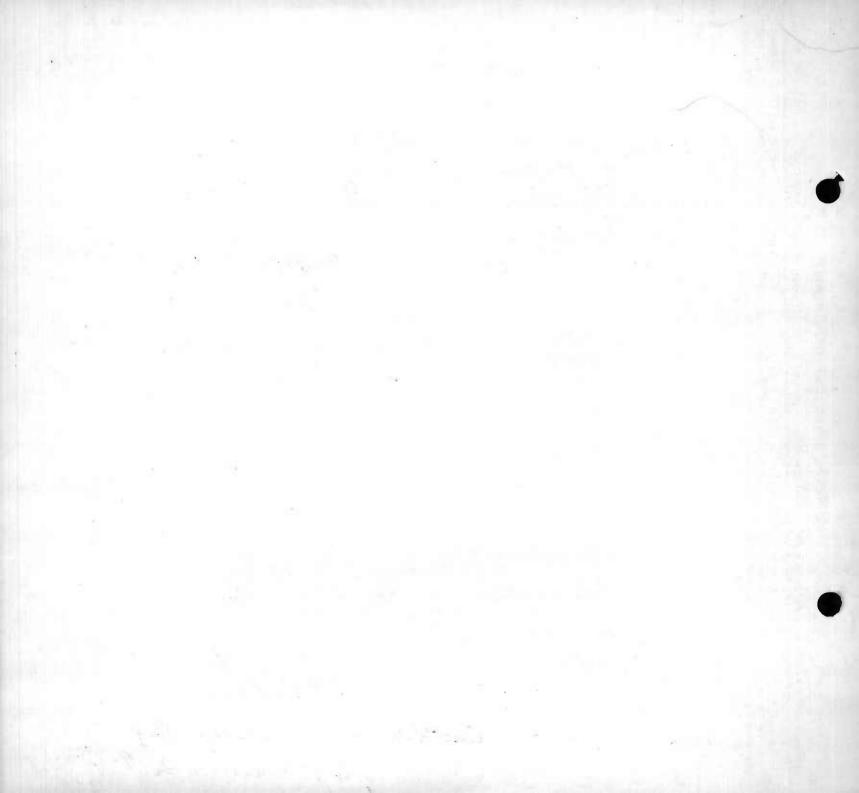


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IMPORTANT

FUNERAL DIRECTOR:



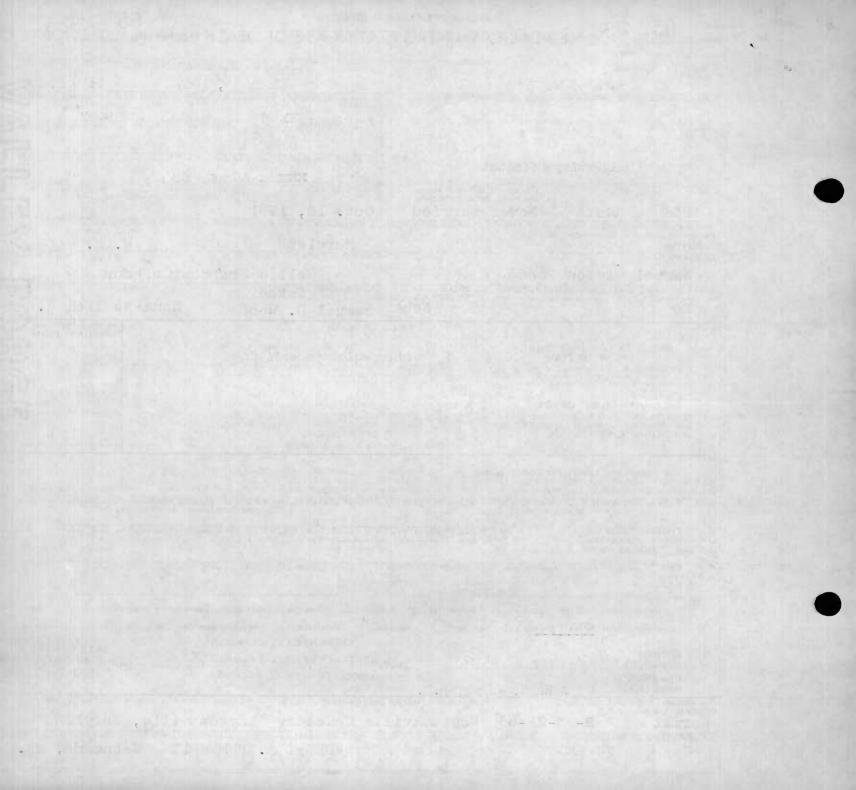


,	11/11/01	
1.	ner or his assistant if death occurred in a hospital and leer. Also, if the direct or contributing cause of death octure of any kind; (4) Undetermined cause; (5) Deceased of pronounced death was in regular attendance on the lar attendance on the deceased prior to death. Such obsiling the order of the deceased prior of death.	
	dec dec dec on t	
	spit 6 of 5) De nce eath	
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FUNERAL DIRECTOR: IMPORTANT	ical ral e ns; (3 ician as iii	
<b>ZAL</b>	medical phone burn burn burn wan war rem	
NE	a n Sody he F sicie	
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	sed to the pital of the cath	
	must elea cride hos to d	
	ate at a at corrior	
	dy w (E) A O.A.	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	tt d x & y	

	BALTIMORE CI	TY HEALTH DEPARTMENT	63.00
BIRTH NO. 65	CERTIFICA	ATE OF DEATH Registered N	0. 65 2984
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
(Type of Print) GRACE KEL	.L	3 17 65	1845 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY	f institution; residence before admission
FULL NAME OF (If not in hospital or insti	tution, give sheet	MARYLAND	Bolto
HOSPITAL OR oddiess or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, wi	te RURAL and give township)
Church Home Ho	CHITA	Baltimore	53-00
choicere treme		D. STREET ADDRESS (If Iurol, give locotion)	
5. SEX   6. RACE   7. MJ	ARRIED, NEVER MARRIED	BATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F White W	DOWED, DIVORCED (specify)	Ville 1. 1878 lost birthdoy	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K	ND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife		MARYLAND	U.S.A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
John Filling	es/	7	
5. Was Deceased Ever in U. S. Armed Forces	1 6. SOCIAL	17. INFORMANT On to	16 Ra ADDRESS / A
Ves.no of unknown) (If yes, give wor or dotes of so	SECURITY NO.	01 104 NOO 0 PONE	16 Box 384A
18. 4 5 0, 0 × 1 2 / 0 V	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A)	FENERALIZED ARTERIOSCI	erosis
(This does not mean the mode of dying	e.g., DUE TO		
heart foilure, astheria, etc. It means the di injury or complication which caused death.			
ANTECEDENT CAUSES	(8)	***************************************	
DISEASES OR CONDITIONS, if any,			
rise to the above cause (A) statin	g the (C)	00000000000000000000000000000000000000	
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING		
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE DIA	BETES Mellitus	
	FOR WHICH OPERATION	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 BLACE OF INTURY (2.5	, in at about 21 C. WHERE DID (If in Baltin	City of the second leaders
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	more City, give exoct location)
0			
OF INJURY	While At Not W	21F. HOW DID INJURY OCCUR?	
(APPROX.)	Work At Wo		
22. I certify that (this hospital) atte	nded the deceased fram	MARCH 8 1965 to	MARCH 17 19 15
that (I) (we) last saw the deceased aliv	e on MARCH	17 19 65 and that in (aur)	apinian death accurred an the dat
and have and from the causes stated ab	ave, (H) (We) (did) (did not)	Tview the bady after death.	
23A. SIGNATURE	0 (1)		23 B. DATE, SIGNED
John Howard	Zuta M.D. A	Attending Med. Stoff Phys.	3/17/65
23C.PHISICIAN'S		23D. ADDRESS	
Mayre (Type) John Howar	D LUTZ M.	1502 Shadyside R	AD
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION	(City, town, or county) (State)
BURIAL Specify)	Duis Dy	e forther DA	711.
2120160	AME OF REGISTRAR	250 FUNERA DIRECTOR	ADDRESS
MAR 2/2 1955 (2)	De E Starker	Jours Ban Denote	ety Pd. Pandallatown,
מועוו איז ויטסו איס	4.40 3 M	10 1 2 10 10 10 10 10 10 10 10 10 10 10 10 10	my on yunasuscours
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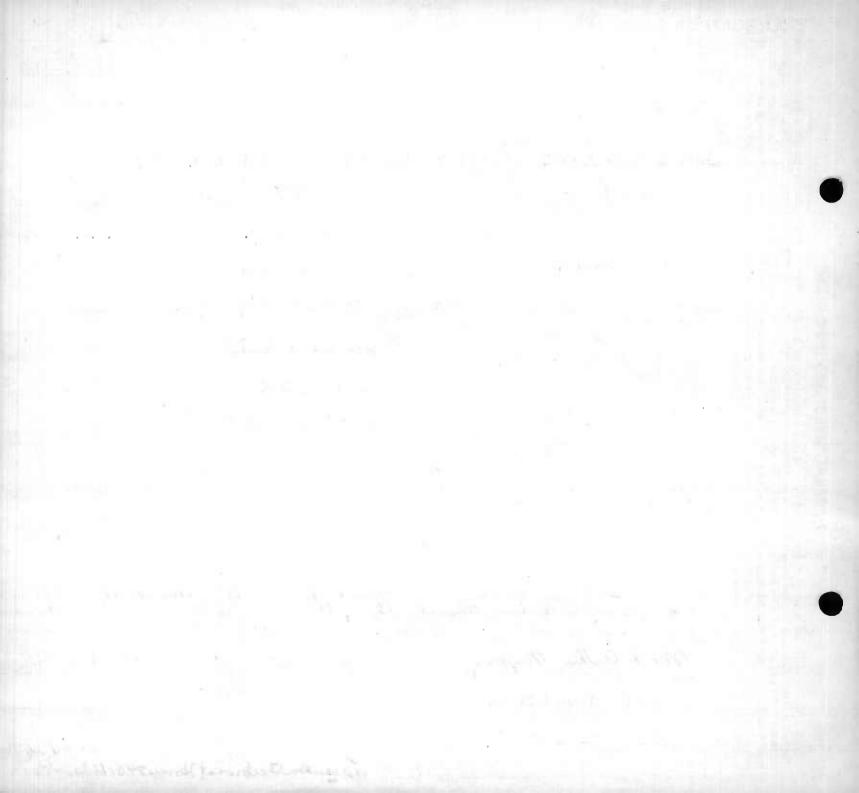
BUNDARY GENERALIZED ARTELLA CONTIN Dinor is Mallows OM 0.5 Rement S Waster 17 John Honord Luty 3/17/2 John Howers Lote Standard Wall me state of the first of the first of the

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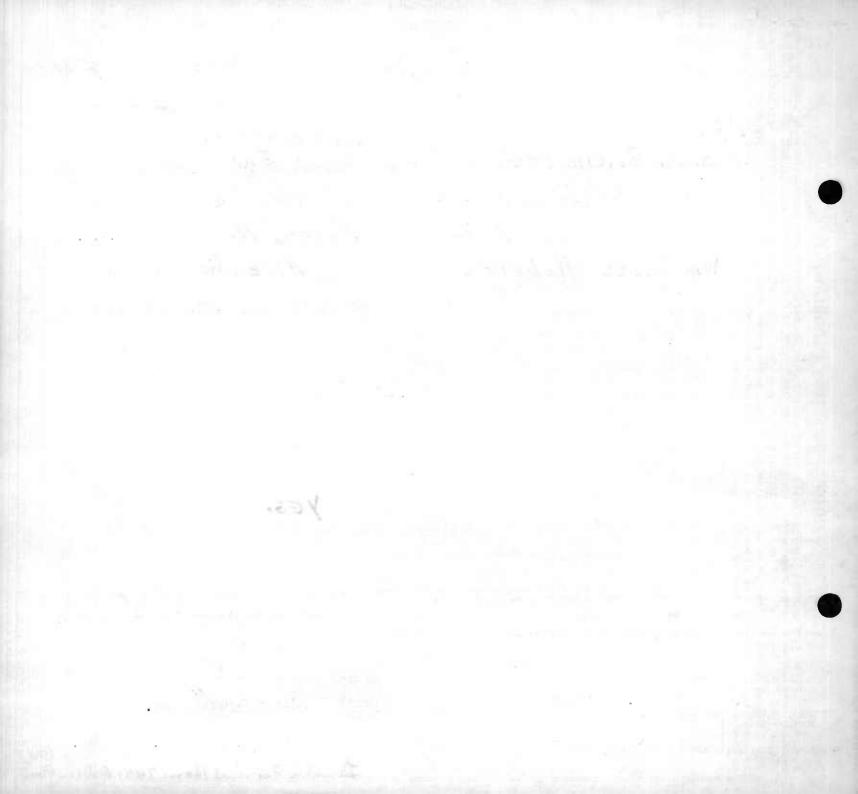


114	05 0000	BALTIMORE CITY HEALTH DEPARTMENT	C
75705	OSES Cd .on HTRIE	CERTIFICATE OF DEATH & Registered	No. 65 2988
and eath ase the	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DI	
0 0 0	(Type or Print)		
of do	3. PLACE OF DEATH IN BALTIMORE MARYLAND	March 18,	If institution; residence before admission
a e Do		A. STATE B. COUNTY	/ 04
hospi ise o (5) D ance deat	FULL NAME OF (If not in hospital or institution, give str	maryland 1	Bakto
a h caus se; (s	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
		White Marsh D. STREET ADDRESS (If rurol, give location	33.700
in Bath	71 11 -1 11		
6 + P - G	Johns Hopkins Hosp	1; tals. Kad Line Rd Box	1003
Pa Pa	5. SEX 6. RACE 7. MARRIED, NEVER	MARRIED B. DATE OF BIRTH 9. AGE (In years	
mirril mirril ggu	Female White Marri	ORCED (specify) 8 27.97 lost birthdoyl	7 Month's Doy's Hours Min.
o o o o o o o o o o o o o o o o o o o	Female Why te Marting. USUAL OCCUPATION (GIVE kind of work 10B, KIND OF BUSIN	ESS OR INDUSTRY   1]. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
th et et	done during most of working life, even if retired)		WHAT COUNTRY?
Po S iti	Housewife Housew	ife Baltimore Md.	U.S.A.
P	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
= 54 > ± a	JOHN SCHMIDT	MAGGIE BEAN	
4 9 th 6 P	15. Was Deceased Ever in U. S. Armed Forces? 16. SO		ADDRESS
istan the d kind; deatl ce or	(Yes, no or unknown) (If yes, give wor or dotes of service)	CURITY NO.	
ST. CIT		None Mr Joseph Bruebl Red	Lion Road White M
ded = = = = = = = = = = = = = = = = = =	1B. /8/, O I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
his of a of a unc ten	DISEASE OR CONDITION DIRECTLY	M 1-1 1 1 4	
Als e o nou att	LEADING TO DEATH	DUE TO Myocardial Infantin	30 minutes
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,		
ner. er. pro lar	injury or complication which caused death.)	n + D.+.	10 1.
fring of pring	ANTECEDENT CAUSES	DIE TO	
A P P P	DISEASES OR CONDITIONS, if ony, giving	4 7 7 1 4 1 4 1 1 1	-
9 X (6)	rise to the obove couse (A) stoling the	(B) Dram regative Septiamin DUE TO (C) Wenny Tract Infector with Bladler (	arunm 3 years
s in sin	UNDERLYING CONDITION Iosi.	/	
dic icc icc icc icc icc icc icc icc icc	Z CONTRIBUTION		
ed ed hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Mone	
+E>C.D.O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 179B. CONDITION FOR WHICH WAS PERFORMED VESSION-LIEU fistual		WERE FINDINGS CONSIDERED
Pie Pod	EDF. P. C 1916 WAS PERFORMED D. +	IN CERTIFYING	G CAUSES OF DEATH?
hy B	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE		oltimore City, give exact location)
the (2)	OR CONTRIBUTING CAUSE OF home, form	, foctory, street, office bldg., INJURY OCCUR?	minible Only, give exact location
No Show	U		
Sp ver	W OF IN HIDY	Y OCCURRED 21F. HOW DID INJURY OCCUR?	
od projection	(APPROX.) While At	Not While Al Work	
the ny r exc and	22. I certify that (#) (this hospital) attended the dec		march 18, 1965
	ma	1 10	/
of of of all (h);	that (\$ (we) last saw the deceased alive on	ond that In (my) (our	r) apinian deoth accurred an the date
t be a sed to ant of spital eath)	and have and from the causes stated above. (#) (We)	(did) (did-not) view the bady after death.	
ast ler ler de de de	23A. SIGNATURE		23B DATE SIGNED
must eleas ccide to do al mu	Mark arthur Myman,	M.D. Attending Med. Stoff Phys.	march 18, 1965
0 - 0 ->	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
was r was r A at at prior	V1/)	M.D.	
sody was set (1) An D.O.A. at assed prio	ARK ARTHUR NEYMAN  24A. BURIAL CREMATION,  24B. DATE    24C. NAME of		(C.)
# >= 0 0 0	REMOVAL (Specily)	CEMETERY of CREMATORY 24D. LOCATION	(City, town, or county) (State)
bod ws:	Burial 3-22-1965 St. Par	Ils Comptons Baltimana	Md.
the bod shows: was D.G decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	Il's Cemetery Baltimore	ADDRESS (34)
たれるさるメ	MAR 22 1955 (Leub E.)	Tarry Tarran and I have the	Jame 740/B. Jan Road
		The state of the s	THE RESERVE THE PARTY OF THE PA

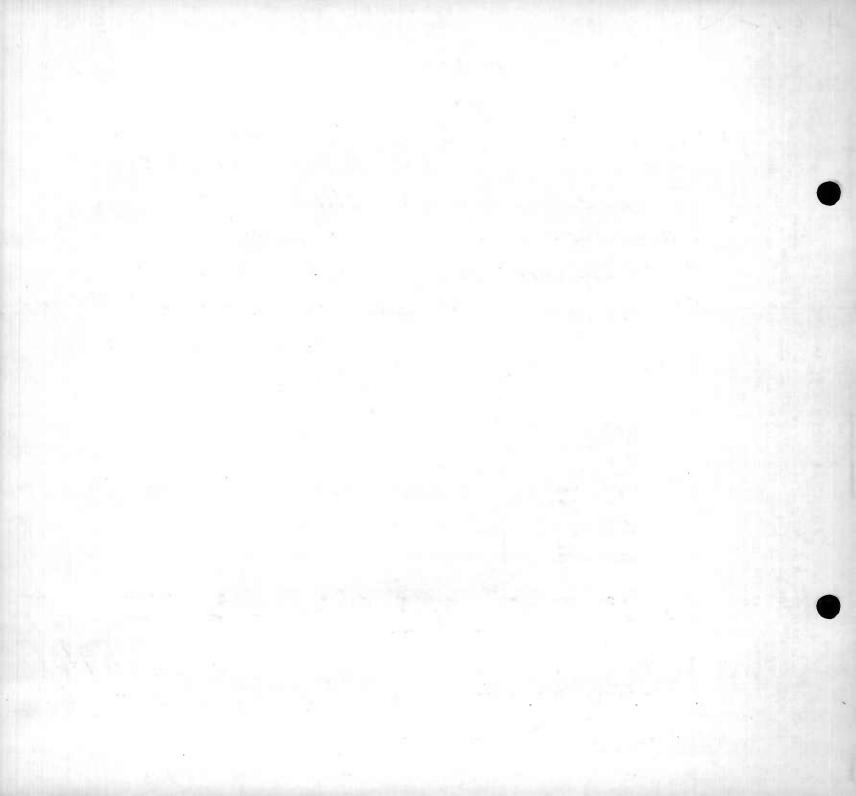
FUNERAL DIRECTOR: IMPORTANT

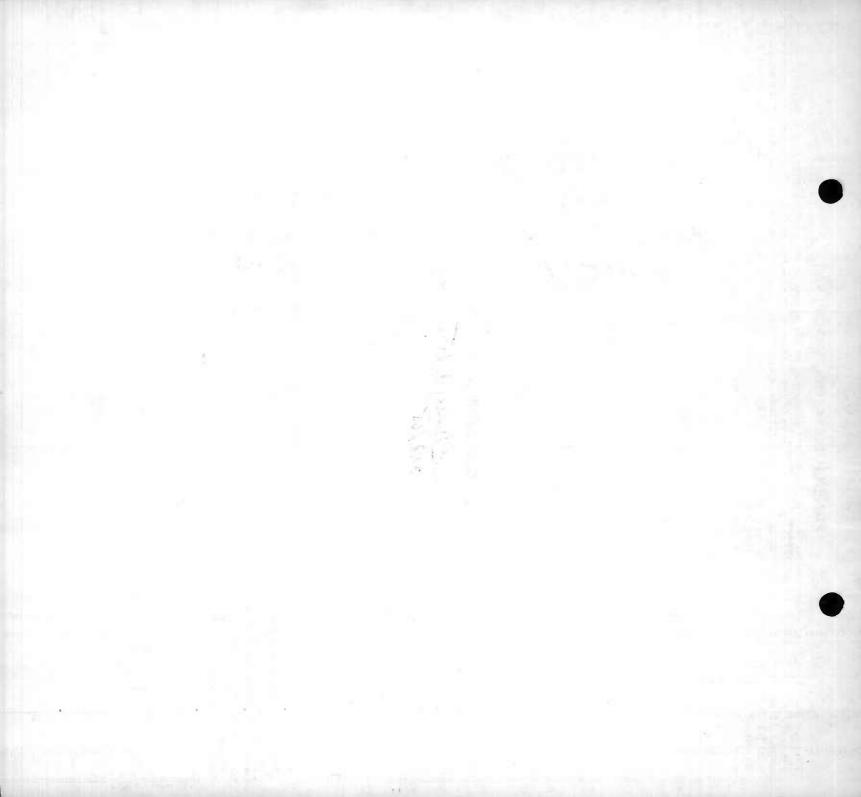


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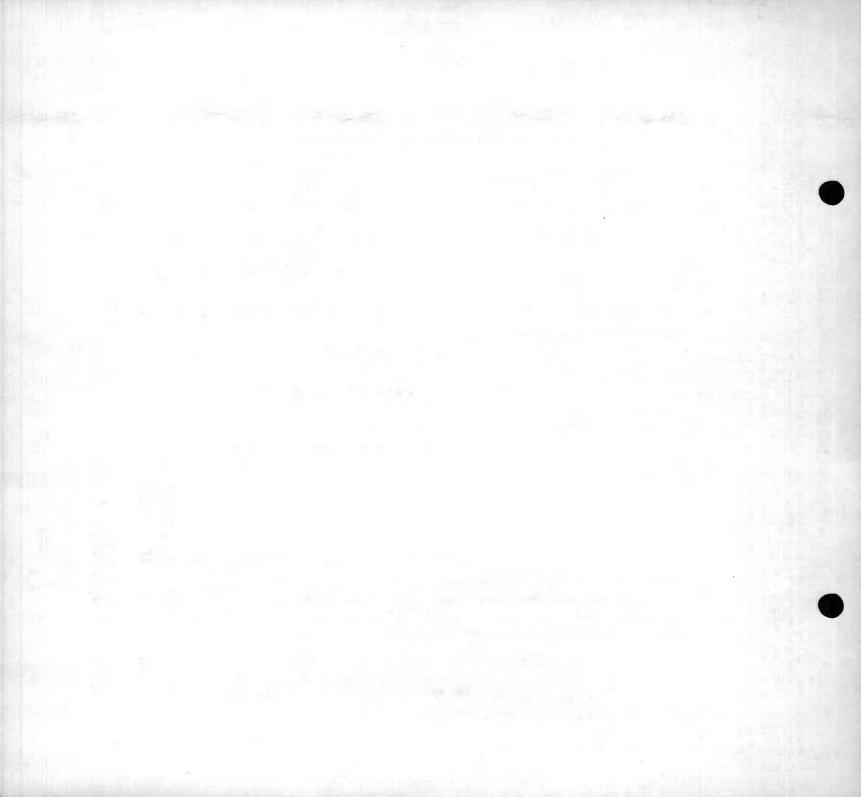


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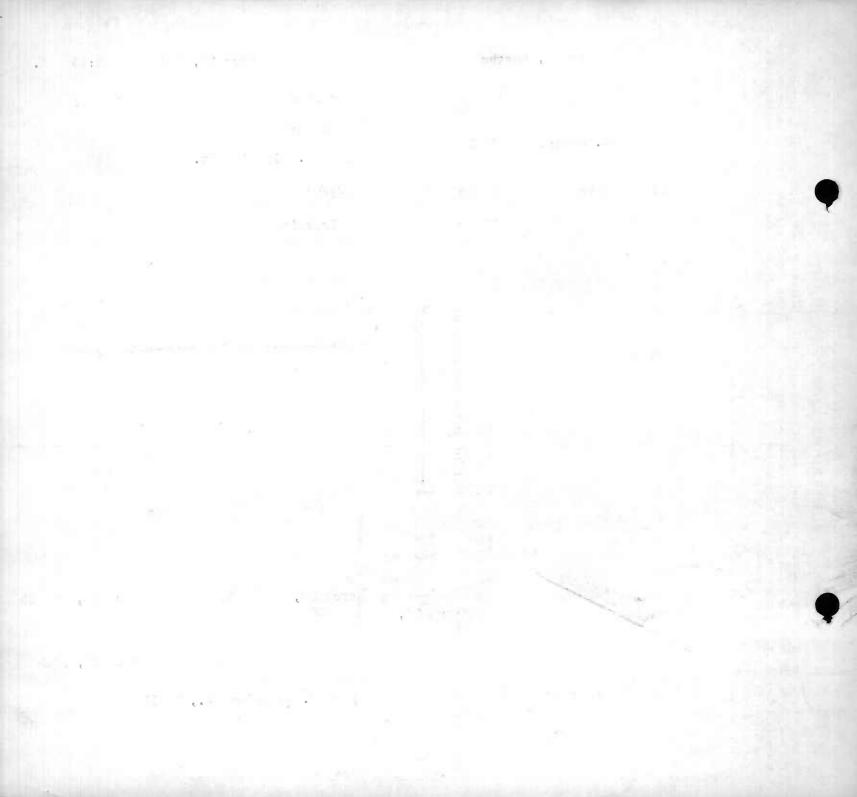
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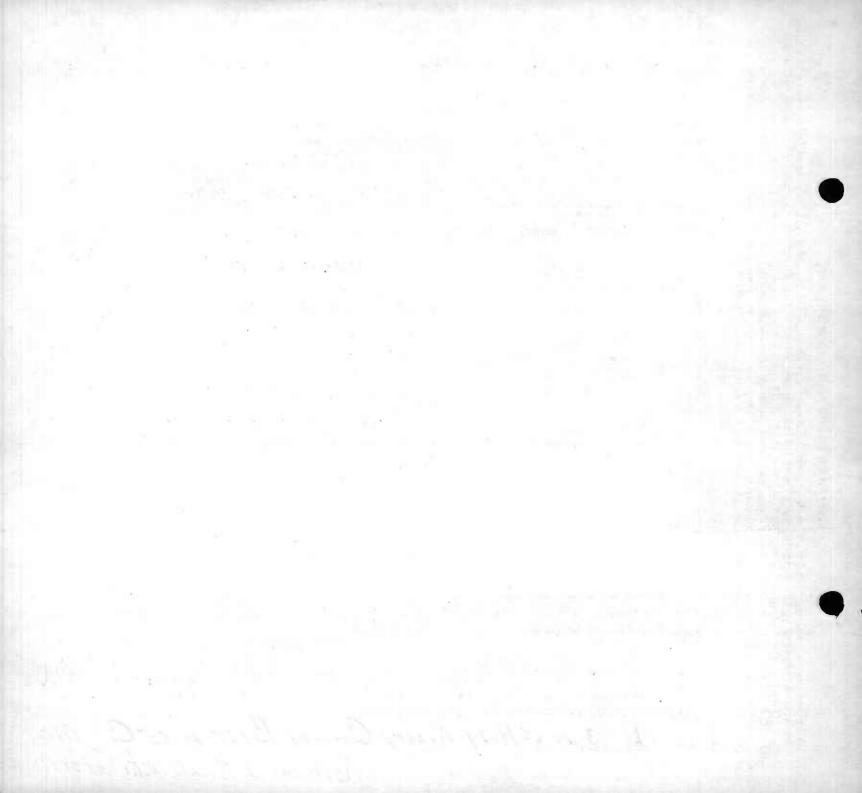


V\$ 151-REV. 1/1/65

P	240	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT 65 2992  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.								
9		M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR PRONOUNCED DEAD								
		(Type or Print)								
		BENEVIEVE PIZLO March 19, 1965 1:12 P  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission B. COUNTY								
		A. STATE Maryland B. COUNTY								
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore								
	21	Baltimore City Hospitals  D. STREET ADDRESS (If rurol, give locotion)								
31		345 Folcroft Street								
		5. SEX   6. RACE   17. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs								
		WIDO WED, DIVORCED (specify)   lost birthday   Months Days Hours Min.								
		Female White Widowed Jan. 1, 1906 59								
		done during most of working life, even if retired) WHAT COUNTRY?								
		Seamstress Balto.City Hos. Balto.Md. U.S.A.								
		13. FATHER'S NAME								
		Anthony Strzegowski Frances Polanowski								
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.								
		- 220-05-7381 Melvin Pizlo 6911 Delvale Pl.22 zone								
		18. / CAUSE OF DEATH INTERVAL BETWEEN								
		ONSET AND DEATH								
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease.								
		trins ades nor mean me mode or dying, e.g., heart foilure, osthenio, etc. It means the disease,								
		injury or complication which coused death.)								
		ANTECENDENT CAUSES								
		DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
		UNDERLYING CONDITION LAST.								
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED								
		WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?								
		21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?								
		21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
12.2		OF INJURY (APPROX.)  WHILE AT NOT WHILE WORK  M. WORK AT WORK								
		22.								
		I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion								
		resulted from: Natural couses X Accident Suicide Homicide Undetermined manner								
		CHIEF MEDICAL EXAMINER DATE SIGNED								
		SIGNATURE ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (								
		EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER 3/19/65								
		23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)								
		Burial 3/23/65 Holy Rosary Balto.Co.Md.								
		24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS								
		MAR 22 1995 ( - Do to E tarbert)								
		WHAT LESS WINDOWS IN THE STATE OF THE STATE								

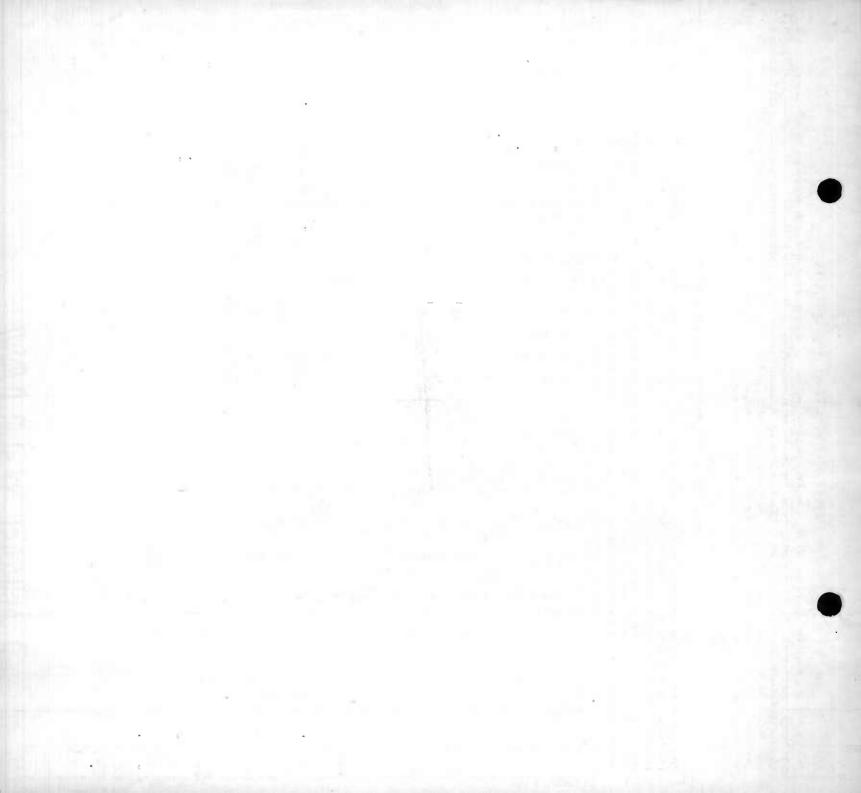
I Andrea Carrolla Contraction . . . . . . . I R. M. L. (2001) Lis M. a Chill. I M. C. (100) 1955 - 18-035 L. 

			BALTIMORE CIT	Y HEALTH DEPA	RTMENT		65	2993
BIRTH NO.	65 2993		CERTIFICA	TE OF D	EATH	Registered No	00	<u> </u>
M.E. CASE NO.						D HOUR OF DEATH		
(Type or Print)	ISHER, JAMES D.	T ADE:	T ANOTHE					
3. PLACE OF DE	March 17, 1965 6:00 p.M							
	A. STATE B. COUNTY							
FULL NAME	Maryland 21224							
HOSPITAL OR	C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
JENKINS:	Baltimore							
100 S C	D. STREET ADDRESS (If rural, give location)							
Baltimo	re, Md. 21229			2631 Fait Ave.				
5. S EX	SEX 6. RACE 7. MARRIED, NEVER MARRIED			8. DATE OF BIR	TH		If Under 1 Y Months Doy	r. If Under 24 Hrs.
M	WIDOWED, DIVORCED (specify)			and Dog			Months Doy	s Hours Min.
	UPATION (Give kind of work)	UR KIND O	E BRIZINESS OF INDUSTS.	THECH DEC.	(State or fore)	59 Yrs	12. CITIZEN	05
	f working life, even if retired)	ou mino o	DOSINESS OR INDOSIR	TI. BIRTHIEACE	(31016 01 10161	gn coonny,		COUNTRY?
Tool 1	Designer Gle	enn L I	Martin	Baltimore, Md			US	٨
13. FATHER'S NA				14. MOTHER'S	MAIDEN NA	ME	0.0	
Tagge	oh Konol-massi				**			
	ph Kapelanczyk	-2	14 505141	Lilian 17. INFORMANT	Kopczyn	nzki	4.5	Dates
(Yes, no ar unknow	n) (If yes, give wor or dotes	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			AD	DRESS
No			216 01 7993	Medica	al Recor	rd Room		
18. 🗢 =	LOX L			OF DEATH	110001	d Room		RVAL BETWEEN
DISEA	SE OR CONDITION DIRE	CTLY				, ,		ET AND DEATH
	LEADING TO DEATH		Co	chial un	20 molas	throw bor		1. dave
	not mean the made al d			reary vo	2 COLON	Chrone 110/1	2	D
	, asthenia, etc. It means t mplication which caused d			- 0				
mijory ar car		00111,7	(8)	vebrel arterio sclevo ris			\ \x	Cenus
	ANTECEDENT CAUSES		DUE TO		K.K.L.		1	
	OR CONDITIONS, if an ne abave cause (A) s			100 0 1:700	1 254	errosdevoris		1-1.0
	G CONDITION last.	numg me	(c) ger	rever 12 su		CALDICTEROLI		xequity
	- 11						-	
Z OTHER SIGN	IIFICANT CONDITIONS CO	NTRIBUTIN	G					
E TO THE D	DEATH BUT NOT RELAT							
19A. DATE O	F OPERATION 198. CONDI	TION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No	20B. IF YES, WERE FI	NDINGS CO	NSIDERED
19A. DATE O	WAS PERFO					IN CERTIFYING CAU	SES OF DEA	TH?
U 21A. ACCIDE	INT WAS LINDERLYING	218	PLACE OF INJURY (e.g.,	in a chaut 21C W	HERE DID	(If in Boltimore	City also ar	not to option!
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	hon	ne, form, foctory, street, o	office bldg., INJUR	OCCUR?	tii in bollimore	City, give ex	001 100011011
U	y medical examiner)	etc.	,					
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21 <b>F.</b> H	OW DID INJ	URY OCCUR?		
€ (APPROX.)		Wh	ile At Not Whi					
							/	
	y that (1) (this hospital)		11	Jay	- /	965 10 1	-	17 19 65.
that (H) (we	) lost sow the deceased	olive on	March 17	19 6 6	ond the	ot in (my) (our) opini	on death o	ccurred on the dote
	nd fram the couses state							
23A. SIGNAT		Λ Λ	, ( =, (===, (=====,			1	23B. DATE SI	GNED #
	P. A	411.	M.D. At	ending ^	Med. A	Stoff -	-	1-1-
1	aymond,	Ma	dee Ph	/s [	Director	Phy s.	7/	18/65
PHYSICIA	ANS Type)			23D. ADDRESS		Office	11	50 Wilkins
	Raymond Gladue		M.D.	Jenki	ns Memo	rial Hospita	1 Av	e. 21229
24A. BURIAL CRI	EMATION, 24B. DATE		AME of CEMETERY OF CE				, lawn, ar ca	unty) (Stote)
PREMOVAL		-11	1,8	. 10	1/2		-10	01-
DURIA	1 3-20-6	5/10	LY /OSARY	CEMETE	KY D	ALTIMOR	E Co.	1110.
25A. DATE REC'I	BY HEALTH DEPT.	SB. NAME	OF REGISTRAR	25C. FUNER	AL DIRECTOR	11-	1.	ADDRESS
1	IND OO INCL A	4 / T C'C'	1 30 6 17 3 A 1705 E 3 1 W M			1 4		
1	WAR 66 1300 W	War.	5-15-17	O MA YOU	HON DO	L. TACZORO	WSKI -	25 25 FLEET



FUNERAL DIRECTOR: IMPORTANT

2004	BALTIMORE CITY	HEALTH DEPARTMENT	05 9004		
BIRTH NO. 65 2999 M.E. CASE NO.	CERTIFICA		No. 65 2994		
Type or Print) HARRY H.	WALTON	March 17, 1			
FULL NAME OF HOSPITAL OR INSTITUTION  3205 Elmley A Baltimore, Md	stitution, give street	A. STATE  Md.  C. CITY OR TOWN (If outside city limits, w Baltimore  D. STREET ADDRESS (If rurol, give locotion 3205 Elmley Ave.	write RURAL and give township)		
	warried, Never Married widowed, Divorced (specify) married	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 79	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bolton, Miss	12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME Hines			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO. 218-22-0180	17. INFORMANT  Rose Mae Walton (n	ADDRESS ee Vann)wife,abo		
Injury or complication which caused dec  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) sto UNDERLYING CONDITION tost.	giving ting the CCATTON	eneralised quteriosa	lerous : (		
DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Bol office bldg., INJURY OCCUR?	ltimore City, give exact location)		
21D. TIME (Month) (Doy) (Year) (HOF INJURY (APPROX.)	While At Nork At Work				
22. I certify that (I) (this haspital) at that (I) (we) last saw the deceased a	live an 6 - 9 -	1 = 2 = 19 6 Z to 19 6 4 and that in(my) (our	(2-9- 19 6 6 ) aplnion death accurred an the (		
and hour and fram the causes stated  23A. SIGNATURE	M.D. At	tending Med. Stoff	3-18-65		
23C. PHYSICIAN'S NAME (Type) Dr. Milton	n Lang M.D.	23D. ADDRESS	5-78		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 3/20/65	Gardens of F		(City, town, or county) (State		
25A. DATE REC'D BY HEALTH DEPT. 25E MAR 22 1985	Cabe SalyMA	Schimunek Tuneral	Home, Inc.		



	5 2995		CERTIFICA					
M.E. CASE NO. 1. NAME OF DE Type or Print)		us Way	m on		ND HOUR OF DE	-/		
BLACE OF D	EATH IN BALTIMORE MA		5011	March 17, 1965 9:30 A				
ERTIFIC	ATE CORRECT	TED 4	-2-65 give street	A. STATE B. COUNTY  Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rurol, give location)  6221 Shipview Way #21224				
HOSPITAL OF	Baltimore	City Ho	_					
	4940 Easte Baltimore,							
SEX Male	6. RACE	7. MARRIED WIDOWE	D, NEVER MARRIED D, DIVORCED (specify)	8-18-86	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M		
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  UNKNOWN				11. BIRTHPLACE (Stote or fo	12. CITZEN OF WHAT COUNTRY?			
3. FATHER'S NA				14. MOTHER'S MAIDEN N.	AME			
?	Wayson			unknown				
	ed Ever in U.S. Armed Fo wn)(If yes, give wor or dot		1 6- SOCIAL SECURITY NO.	17. INFORMANT	2.0	ADDRESS		
no	755, 3.15		214165001	RECORDS: BC	H: 4940 Es	astern Avenue #24		
1B. 11 5	4-V			OF DEATH		INTERVAL BETWEEN		
DISE	ASE OR CONDITION DE	RECTLY		nary Occlusion	or Pulmons			
	LEADING TO DEATH		(A) Embo	lus		A few Minutes		
	omplication which cause							
rise lo	ANTECEDENT CAUSE: OR CONDITIONS, if the obove couse (A) NG CONDITION lost.	any, giving						
UNDERLYII	OR CONDITIONS, if the obove couse (A)	any, giving stating the	G (C)					
OTHER SIGNOTHER DISEASE OF THE OTHER DISEASE OTHER DIS	OR CONDITIONS, if the obove couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS DEATH BUT NOT REL (R CONDITION CAUSING OF OPERATION ) 198. COI	any, giving slating the CONTRIBUTINATED TO THE TOTAL TO THE CONTRIBUTION FOR NOTION FOR	G (C)		Noll 208. IF YES, W	VERE FINDINGS CONSIDERED		
OTHER SIG TO THE DISEASE OF 199A. DATE OF 199A. ACCID OR CONTRI	OR CONDITIONS, if the obove couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS DEATH BUT NOT REL (R CONDITION CAUSING OF OPERATION ) 198. COI	any, giving slaling the contribution at the contribution at the contribution for the contribu	NG HE Rece WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, care)	nt Pneumonia	No) 208, IF YES, V			
OTHER SIG TO THE DISEASE O DISEASE O 21A. ACCID OR CONTRI	OR CONDITIONS, if the obove couse (A) NG CONDITION lost,  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 198. COI WAS PEI DENT WAS UNDERLYING BUTTING CAUSE OF	any, giving slaling the Slaling the CONTRIBUTIN ATED TO THE STATE OF STATE	NG HE Rece WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, care)	nt Pneumonia  20A. AUTOPSY? (Yes or the Notation of Short of Short)  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	No) 20B. IF YES, WIN CERTIFYING  (If in Bo	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?		
OTHER SIGN TO THE DISEASE OF 19A-DATE (CONTRIBUTED OF INJURY (APPROX.)  21. I certifithet (I) (w.	OR CONDITIONS, if the obove couse (A) NG CONDITION lost.  INIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 198. COI WAS PEI DENT WAS UNDERLYING BUTING CAUSE OF ify medicol exominer)  (Month) (Doy) (Year)  fy that (I) (this hospita	CONTRIBUTINATED TO TIL.  NDITION FOR RFORMED  (Hour) 21  W  OIL) ottended ed clive on.	Rece WHICH OPERATION  B. PLACE OF INJURY (e.g., nee, form, foctory, street, ork)  E. INJURY OCCURRED hile At Work  the deceosed from March 17,  (I) (We) (did) (did nat)	nt Pneumonia    20A. AUTOPSY? (Yes or INO)   No   No   In or obout 21C. WHERE DID office bidg., INJURY OCCUR?    21F. HOW DID IN   In one of the obout 21F. How DID IN one of the obout 21F. How DID IN one of the oboty after death	OD 208. IF YES, WIN CERTIFYING  (If in Both 1965 to the state of the s	VERE FINDINGS CONSIDERED CAUSES OF DEATH?  Itimore City, give exoct locotion)  March 17, 19  Opinion death occurred an the		
OTHER SIG TO THE DISEASE OF CONTRIDENT (APPROX.)  21. L certifither (I) (we ond hour of contributions)	OR CONDITIONS, if the obove couse (A) NG CONDITION lost.  II NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING OF OPERATION 198. CO WAS PEI DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner)  (Month) (Doy) (Year)  Fy that (I) (this hospita e) lost saw the decease and from the couses stature	CONTRIBUTINATED TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA	Rece  WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, or, c)  E. INJURY OCCURRED  While At	nt Pneumonia  20A. AUTOPSY? (Yes or the No in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID IN its arch 4.9 3rd  19 65 ond oview the body ofter death of the obody of the death of the obody of the death of the obody of t	No) 20B. IF YES, WIN CERTIFYING  (If in Bo  NJURY OCCUR?  Thot in (my) (our  Stoff Phys.	VERE FINDINGS CONSIDERED CAUSES OF DEATH?  Itimore City, give exoct locotion)  March 17, 19		

VS 150-REV. 1/1/65

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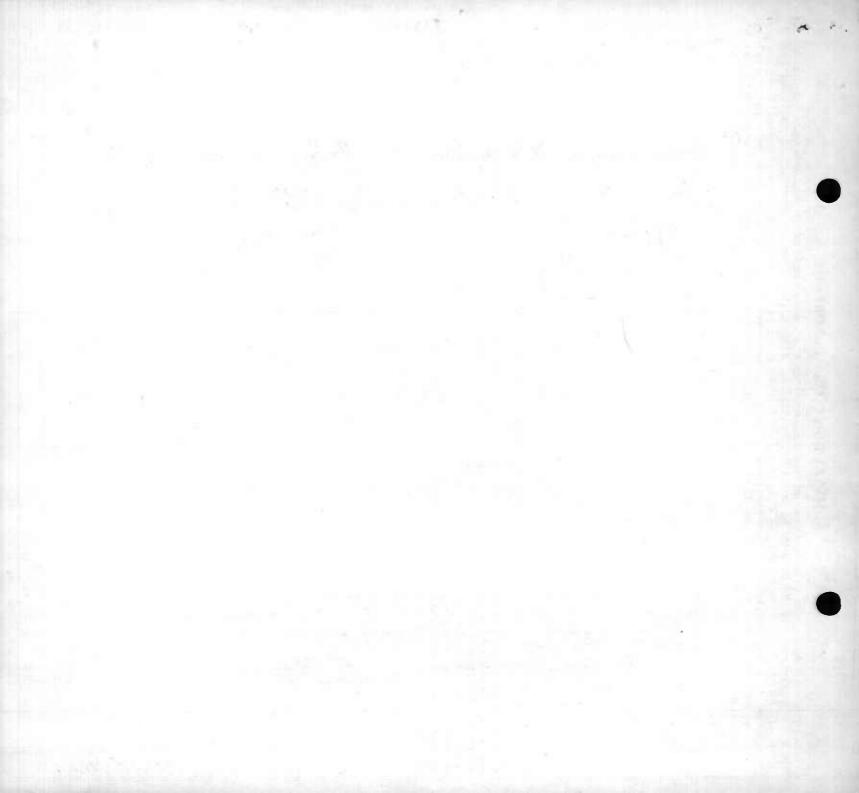
Letter from B.C.H. 4-2-65 M.H.

BALTIMORE CITY HEALTH DEPARTMENT

written approval deceased the body Was V\$ 150-REV. 1/1/65

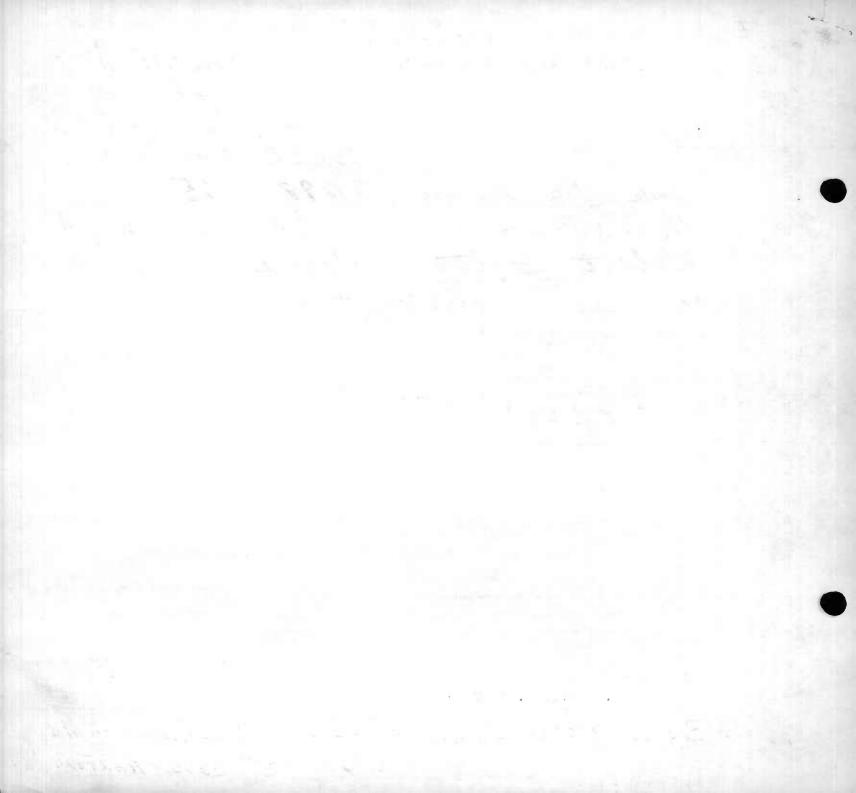
FUNERAL DIRECTOR:

Registered Na. 2. DATE AND HOUR OF DEATH institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Manths: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 410001 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 19 and that in (my) (bur) apinian death accurred an the date (City, town, or county) ADDRESS



DIRECTOR:

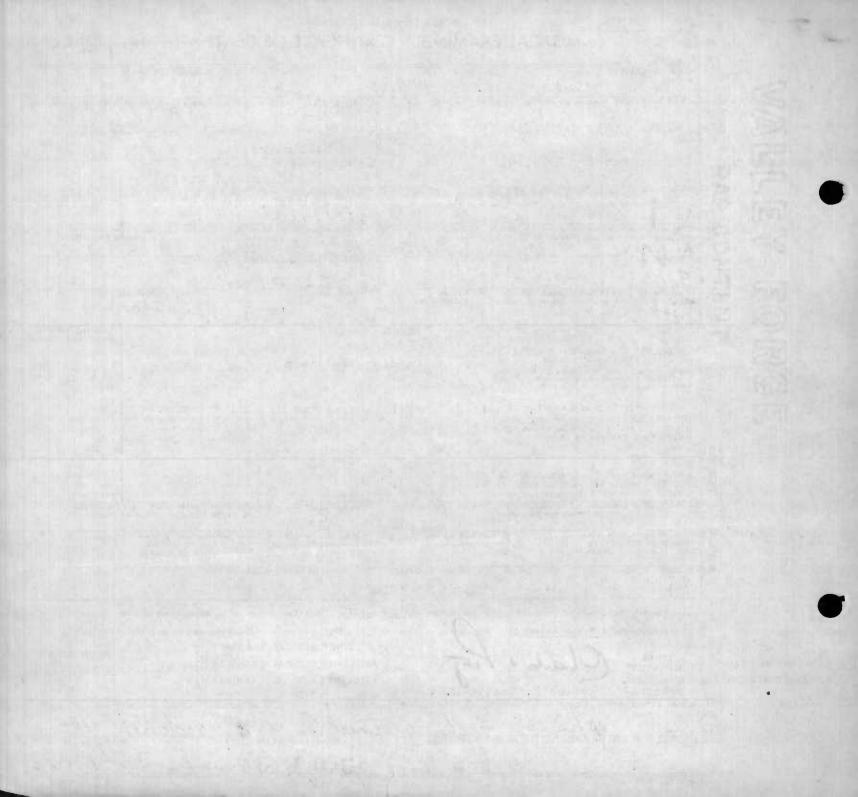
FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH	Registered No5	2998
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M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)	2, DATE AND HOUR PRONOUNCED DEAD					
LLOYD A. WES	M,					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY					
THE NAME OF SECULOR IN CONTRACT OR INSTITUTION CIVIS STREET	A. STATE Maryland B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
INSTITUTION	Baltimore					
University Hospital	D. STREET ADDRESS (If iurol, give locotion)					
	1143 Wicomico Street					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.					
WIDOWED, DIVORCED (specify)	lost birthdoy) Months, Doys, Hours, Min.					
Male White Marved	10 13 11912 52					
done during most of working life, even if retired)	WHAT COUNTRY?					
chauffeur Deamond Gal-to.	North Carolina K.S.A					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
William O. West	Hettie Black					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give wor or dotes of service)  SECURITY NO.	Y. INFORMANT ADDRESS					
in a service of doles of service service.	P. P. a yel & - above					
IB. CAUSE	OF DEATH INTERVAL BETWEEN					
401,01	ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardi	m					
(This does not mean the made of dying e.g., DUE TO	ac Tamponade					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
A						
(D)	inosanguineous Pericarditis.					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE						
UNDERLYING CONDITION LAST.						
0						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE OF OPERATION 1798. CONDITION FOR WHICH OPERATION WAS PERFORMED						
TO THE DEATH BUT NOT RELATED TO THE						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
WAS PERFORMED	Yes Yes Yes					
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltimore City, give exact location)					
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    Ome, form, foctory, street, office bidg., NJURY OCCUR?						
3						
OF INJURY	21F. HOW DID INJURY OCCUR?					
(APPROX.)  WHILE AT NOT WHILE AT WORK						
22.   1 certify that I held an Inquiry   Inspection   Au	topsy X and that an this basis, death in my apInlan					
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner						
CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE Charles / Fetty M.D	ASSISTANT MEDICAL EXAMINER 3/19/65					
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER					
NAME (Type) Charles S. Petty, M.D.						
REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)					
Durial 3/22/65 Balting Notingal for 5501 Frederick - ave.						
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS.						
MAR 22 1955 ( 1965 & Jackyman March 19 9 2 100 = 1						
3 11 1	John of Cowardson and Holling					
VS 151-REV. 1/1/65	23, ma.					



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH

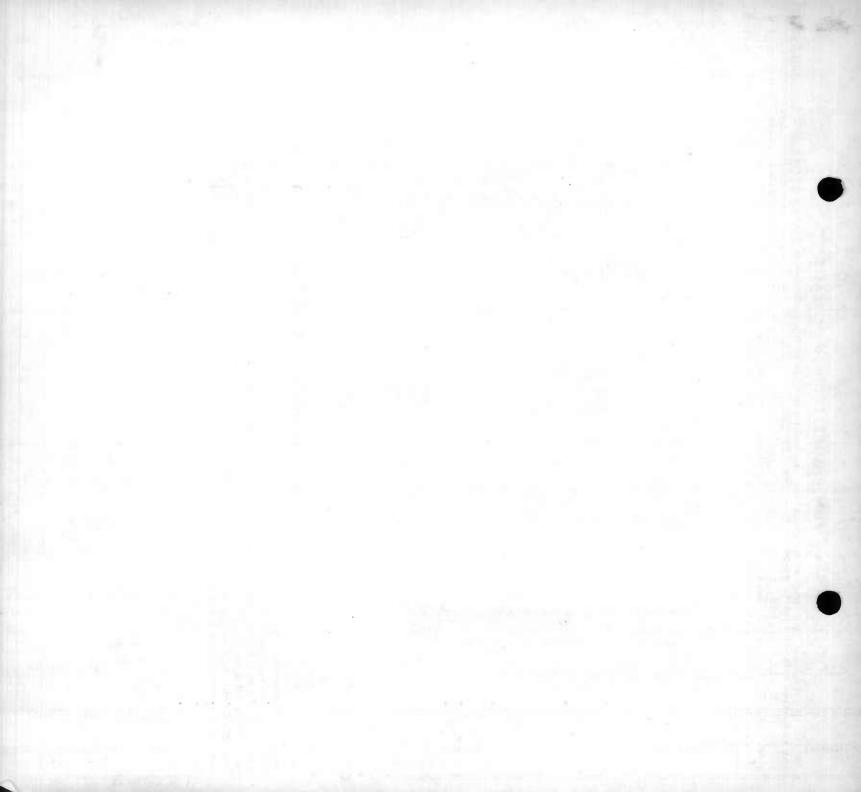
If Under 24 Hrs.

Hours

05

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH



FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

